

FILED MAR 5 1942

Registration District No. 125

Primary Registration District No. 3009

16  
14

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: 1030 Broadway  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Herry H. VOGELSANG

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Hermana ~~Hoffmeyer~~

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MAY 6 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>7</u>	..... hr. .... min.

9. Birthplace Cape Girardeau Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Tire Dealer

11. Industry or business ✓

MOTHER FATHER { 12. Name Herman Vogelvang H

13. Birthplace Bernsburg (City, town, or county) (State or foreign country)

14. Maiden name Bernburg

15. Birthplace Bernsburg (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. H. Vogelvang

(b) Address Cape Girardeau Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. Lawrence

(b) Address see funeral home

19. (a) 2-14-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 1030 Broadway (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1942 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from 2/13 to 2/13 that I last saw alive on 2/13 and that death occurred on the date and hour stated above.

Immediate cause of death obstruction  
Coronary Thrombosis

Due to Coronary Thrombosis

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

PHYSICIAN

Major findings: Of operations 94a

Of autopsy .....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature H. H. Vogelvang (M, D, or other) MD

Address Cape Girardeau Mo Date signed 2/14/42

JUN 12 1942

MAR 4 1942

MAR 20 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. S. Hawlee*

Licensed Embalmer No.....

*3390*

P. O. Address.....

*Pepe Brandon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Cape Girardeau SS.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 57

On this 7 day of March, 1942, before me appears \_\_\_\_\_

Hermana Vogelsang, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Henny H. Vogelsang <sup>died</sup> Feb. 13, 1942, in the State of  
<sup>born</sup>  
Missouri, and which was filed at Cape Girardeau on 2-14, 1942, should be corrected as follows:

Item No. 6(B) should read Hermana Geldmacher

Instead of Hermana Stoffregen

Item No. 6c should read 57

Instead of 55

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Hermana Vogelsang Widow  
Relationship.

1030 Broadway Cape Gir. Mo.  
Present Address.

Subscribed and sworn to before me this 7 day of March, 1942

My Commission expires My term expires Jan 27, 1942  
J.C. Reed Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUN 12 1942

S-6232

MAR 20 1942