

FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8916

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2813 North Eleventh St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2813 North Eleventh St
(If rural, give location) 176
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nicholas D Vogler

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 Widowed

6. (b) Name of husband or wife Mary Vogler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 20 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 18 hr. min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 7 Yrs

11. Industry or business Retail Coal & Ice

12. Name John Vogler

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

14. Maiden name Unk.

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

16. (a) Informant Vera Manderfeld

(b) Address 2813 North 11th St

17. (a) Burial (b) Date thereof October 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave

19. (a) OCT 9 1943 (b) J. P. Brudeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from October 1941 to Oct. 7, 1943
that I last saw him alive on October 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Senility
arteriosclerosis and
Due to myocarditis

Other conditions: 92
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence _____
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) (c) Means of injury 0
23. Signature John J. Young (M. D. or other)
Address 2306 Hadley Date signed 10/8/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF ANATOMY

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..... *Delia J. Kripin*
Licensed Embalmer No..... *34697*
P. O. Address..... *1936 St. Louis*

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.