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4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37041
9890 ✓
Registrar's No. _____

FILED NOV 20 1943 318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. LUKE'S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CHARLES 999
(c) City or town BELEVILLE NR
(If outside city or town limits, write "RURAL")
(d) Street No. 207 So. 27th
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME CONRAD J. VOGEL

3. (b) If veteran, name war NONE 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARA VOGEL 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased JANUARY 6 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 5 If less than one day hr. min.

9. Birthplace STOOKEY TWP ILL
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____
12. Name EMIL VOGEL SR.
13. Birthplace ILLINOIS
14. Maiden name ELISE MEYER
15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara M. Vogel

(b) Address BELEVILLE ILL

17. (a) BURIAL (b) Date thereof NOV. 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELEVILLE ILL

18. (a) Signature of funeral director Walter P. ...
(b) Address Belleville, Ill.

19. (a) NOV 12 1943 (b) J. W. ...
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11
year 1943 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration
Fracture of Ribs when the automobile
in which he was riding and being
driven by one Arnold Ruppert
collided with a automobile being
driven by one Ella Mushoff
at the intersection of Highway
40 and # 30 near Dayton

Other conditions # 40 and # 30 near Dayton
(Include pregnancy within 3 months of death)

22. Major findings: Oct 28-1943 Exact time unknown
Of operations Could not be determined
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) Open Verdict

(b) Date of occurrence 10-28-43 136

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? No (Specify type of place) Means of injury Automobile

23. Signature James J. ... (M.D. or other) 3601
Address 1308 6th Date signed 11/12/43

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

0
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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.....

Edgar A. Baldus

Licensed Embalmer No. *2846*

P. O. Address.....

Belleville, Ill

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.