V. S. No. 2
50M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23511

FILED JUL 21 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6198

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: DE PAUL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)
In this community 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5443 Bancroft
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME ERDMAN J VOGEL

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LUCY VOGEL

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased OCT (Month) 28 (Day) 1870 (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day hr. min.

9. Birthplace FREEBURG (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name JOHN VOGEL
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARIE GANZ
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Erdman R. Vogel
(b) Address 5443 Bancroft St Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof JULY 10-44 (Month) (Day) (Year)
(c) Place: burial or cremation FREEBURG ILL

18. (a) Signature of funeral director John G Siegel
(b) Address Freeburg Ill

19. (a) JUL 12 1944 (Date received by local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10 year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1941 to July 10, 1944, that I last saw him alive on July 4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 days
Due to: Cardio-vascular disease	3 yrs
Due to: Nephritis	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Arthur Lundquist (M. D. or other) M.D.
Address 2202 University St. Date signed 7/10/44

(Licensed Embalmer's Statement on Reverse Side)

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 John G. Sintzel

Licensed Embalmer No. 2914

P. O. Address Freeburg Illinois

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, above space should be left blank.