

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

FILED APR 6 1945

State File No. _____

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **2655**

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

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St Louis
(If outside city or town limits, write "RURAL") 92

(d) Street No. 5608 Finkman
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John N. Vogelsang

3. (b) If veteran, name war X

3. (c) Social Security No. 493-10-3898

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1945 hour _____ minute 100 M. 10

21. I hereby certify that I attended the deceased from 1/15/45 1945 to 3/21/45 1945
that I last saw him alive on 3/20/45 1945
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Emma Vogelsang

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: December 3, 1901
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis Duration 10 days

Due to Pneumonia Abscess 2

Due to Influenza pneumonia

Other conditions Hemorrhoids 6 mo.
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

Major findings: None

Of operations _____

Of autopsy As above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Clerk

11. Industry or business Huttig Sash & Door

MOTHER FATHER { 12. Name Nicholas Vogelsang

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Murphy 9

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Emma Vogelsang

(b) Address 5608 Finkman

17. (a) burial (b) Date thereof 3/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 23 1945 J. F. Budock
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature P. H. ... (M. D. or other) 3/24/45

Address 8958 St. Louis Date signed 3/24/45

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 C. P. Kudwell

Licensed Embalmer No. 3877

P. O. Address. 7027 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, fact should be so stated above.