

FILED OCT 24 1945

Registration District No. 53

Primary Registration District No. 3010

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

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South East Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir 16  
(c) City or town Cape Girardeau 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 825 Independence 4  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Hattie Vogelsang

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Robert

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 22 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wm C Bergmann

13. Birthplace Herrmann 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Eggman

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

16. (a) Informant Rbt Vogelsang Cape Gir

(b) Address 825 Independence Mo

17. (a) Burial (b) Date thereof Sept 27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial cemetery

18. (a) Signature of funeral director Joe G. Hamill

(b) Address Cape Girardeau Mo

19. (a) 10-9-45 (b) H. W. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1945 hour 7 P.M. minute 45 M.

21. I hereby certify that I attended the deceased from March 22, 1923, to Sept 25, 1945  
that I last saw h. er alive on Sept 20/45, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage <sup>Diagnosis</sup>

Due to Arterio-sclerosis

Due to ?

Other conditions (Include pregnancy within 3 months of death)  
Enteroptosis 1

Major findings: Of operations \_\_\_\_\_

Of autopsy 830

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? \_\_\_\_\_

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

23. Signature Carl A. H. ... (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Mo Date signed Oct 9/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 1045-1216

Date Filed 10-23-45

MAR 1 1954

NOV 26 1945

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau Mo

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.