

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1041**
Registrar's No. **658**

#43710
FILED FEB 31 1946

Registration District No. _____
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days (Specify whether
In this community 60 Years (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ago
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 Arsenal St (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRED VOGLER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Jan. day 19th
year 1946 hour 6:00 minute A M. 12/26/45

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 30 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/19/46 to 1/19/46, 19____, to _____, 19____;
that I last saw him alive on 1/19/46, 19____;
and that death occurred on the date and hour stated above.

8. **AGE:** Years Months Days If less than one day
80 11 19 hr. min.

Immediate cause of death Generalized Atherosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 97

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Foreman
11. Industry or business retired
12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Fred Vogler, Son
(b) Address 6438 Nashville Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1946
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Petz Bros
(b) Address 3029 Lafayette Ave
19. (a) JAN 21 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

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 [Signature] 1515 Lafayette 1/19/46 (Date signed)
Address _____

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

MOTHER, FATHER

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 Frank J. Quinn

Licensed Embalmer No. 7245

P. O. Address Not on file

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.