

No. 2
12-45
17-39
X47070

8231 Clayton Rd
State File No. 569

FILED MAR 24 1947

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 569

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sullivan Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Triskwood
(If outside city or town limits, write "RURAL")
(d) Street No. 426 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Vogel
(b) If veteran name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1947 hour 7:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Sept 10, 1946 to March 10, 1947; that I last saw him alive on March 10, 1947; and that death occurred on the date and hour stated above.

4. Sex M.O 5. Color or race A. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased: Sept 10 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral vascular hemorrhage Duration 1 day
Due to Arterio-sclerotic heart disease & Aortic regurgitation 5 yrs
Due to Arterio-sclerotic heart disease & Aortic regurgitation 9 yrs

8. AGE: Years 84 Months 6 Days 0 If less than one day _____ hr. _____ min.

Other conditions Arthritis, Bilateral inguinal hernia, amputation left ring finger
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace: St Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business Retired
12. Name Peter Vogel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Fritsch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amelia P. Mueller
(b) Address 147 N. Adams
17. (a) Burial (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Church
18. (a) Signature of funeral director Louis H. Bopp
(b) Address 147 N. Adams
19. (a) 3-13-47 (b) Ruth Golden
(Date received local registrar) (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 Lewis Littman (M. D. or other) MO
Address 8231 Clayton Rd Date signed 3/11/47

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

MOTHER FATHER

Lester L. Thompson
8231
Albany, Tenn.

MAR 24 1947

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 *Peter B. Dubouillet*
Licensed Embalmer No. *3691*
P. O. Address. *Richmond Heights, 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.