No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29616

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7687

1. PLACE OF DEATH:
(a) County
(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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Marthasville
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Henry Vogler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Rose Vogler
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April (Month) 15 (Day) 1890 (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Vine Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Tavern Operator
11. Industry or business
FATHER
12. Name Peter Vogler
13. Birthplace Wineheim (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Whilimenia Diedrich
15. Birthplace St. Charles Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Urban Vogler
(b) Address Marthasville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Marthasville, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1947 hour 9 minute 35 A.M.
21. I hereby certify that I attended the deceased from 8-7-47, 19..., to 8-11-47, 19...; that I last saw him alive on 8-11-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Hypertension	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Bilateral Hernia
Of autopsy

PHYSICIAN — Underline the cause of 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 Theo H. Hanser (M. D. or other) M.D.
Address 365 Grand Blvd. Date signed 8/12/47
(Licensed Embalmer's Statement on Reverse Side) THEO H HANSER

Jefferson City Printing Co.

OCT 3 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.....

Licensed Embalmer No.....

P. O. Address.....

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.