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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. 30003
Registrar's No. 1880

FILED SEP 25 1947

Registration District No. 31 Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8530 Mathilda ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 67 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 8530 Mathilda ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Vogel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Vogel

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 21 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 7 10 hr. min.

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

10. Usual occupation Mail Carrier

11. Industry or business Retired

MOTHER FATHER

12. Name Frank Vogel

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

14. Maiden name Frances Haefle

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Vogel

(b) Address 8530 Mathilda ave. Affton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1 1947
(Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL Pk

18. (a) Signature of funeral director W. J. ...

(b) Address 7814 S. ...

19. (a) 9-4-47 (Date received from registrar)

(b) Beal ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 3 1947 to Sept 1 1947 that I last saw him alive on Aug 31 1947 and that death occurred on the date and how stated above.

Immediate cause of death _____
Chronic endocarditis

Due to _____
92d

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____

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 Waldor Hill (M. D. or other) _____
Address Lemay R 8-23-Mo. Date signed 9/2/47

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1949

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.