

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 23 1947**  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **33112**  
Registrar's No. **8595**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Lukes 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)

3. (a) PRINT FULL NAME Pearl A. Vogler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ernest 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 3 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>7</u>	hr. min.

9. Birthplace Litchfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Moore

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

14. Maiden name Mary Snow

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

16. (a) Informant Mr. Ernest Vogler

(b) Address 8701 Link Ave.

17. (a) Burial (b) Date thereof 9/12/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anns Cemetery

18. (a) Signature of funeral director Private, Ind. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) SEP 11 1947 (b) J. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Normandy 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8701 Link Ave. 11  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 9  
1947 to Sept 10 1947  
that I last saw him alive on Sept 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation intestine Duration few hours  
Due to unknown

Due to Adhesions Duration unknown  
Peritonitis Duration few hours

Other conditions near ruptured hernia  
(Include pregnancy within 3 months of death) many years  
Major findings: as above  
Of operations none  
Of autopsy none

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) (c) Means of injury \_\_\_\_\_

23. Signature C. E. Gilliland (M. D. or other) MD  
Address 1210 Natural Bridge Date signed 9/10/47

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

**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. 1578

P. O. Address 3710 N Grand Bl

**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.**