No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1588

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 4

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: St. Joseph's Hill Inf O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Yrs. 10 Mos. 27 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ~~Jefferson~~ 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 918 LYNCH ST. 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MARTIN VOEGELY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife SINGLE

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

7. Birth date of deceased NOV. (Month) 8 (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation CIGAR MAKER

11. Industry or business PETER HAUPTMAN Co

FATHER
12. Name MARTIN VOEGELY
13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name JOSEPHINE NEBEL
15. Birthplace SWITZERLAND (City, town, or county) (State or foreign country) 5

16. (a) Informant Brother Rock, 87
(b) Address St. Joseph's Hill Inf

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 22 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) Jan 21-48 (Date received local registrar) (b) Phil. J. Kirk (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 19 year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 22, 1941, to January 13, 1948; that I last saw him alive on January 13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio-Sclerotic Cardio-Vascular Disease

Due to Potts Disease

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. L. Mardu M.D. (M. D. or other) M.D.

Address 3155 NO VANDEVENTER Date signed 1/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-27-48

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 Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.