

FILED JAN 25 1948

Registration District No. 270

Primary Registration District No. 3070

Registrar's No. 123

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
809 EUNICE AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 154 YRS (Specify whether years, months or days)

In this community 154 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 809 EUNICE AVE.
(If rural, give location)

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

3: (a) PRINT FULL NAME ANNA CHARLOTTE VOGEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 74 to Jan. 13, 1948
that I last saw her alive on Jan. 13, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife AUGUST VOGEL

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

7. Birth date of deceased OCTOBER 20-1863
(Month) (Day) (Year)

Immediate cause of death Cerebral Fibillothia
Duration 10 days

8. AGE: Years 84 Months 2 Days 24 If less than one day — hr. — min.

Due to 95a

Due to —

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

9. Birthplace BERLIN GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

Major findings:
Of operations —

Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

12. Name CARL RICHTER

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

14. Maiden name CAROLINE VOIGTMAN

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

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? —

16. (a) Informant Charlotte Herkin

(b) Address 809 EUNICE AVE

17. (a) BURIAL (b) Date thereof JAN 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM

(Specify type of place) — (e) Means of injury —

23. Signature J. Vallon (M. D. or other) —
Address 52 W. Big Bend Date signed 1/13/48

18. (a) Signature of funeral director Parker Burd Co

(b) Address WEBSTER GROVES MO.

19. (a) 1-16-48 (b) Beulah
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Wester Grove*

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.