

FILED JUN 15 1948
Registration District No. 2225

Primary Registration District No. 6076

Registrar's No. 1225

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:
7746 Watson Rd
(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..... Illinois (b) County..... St. Clair 999
(c) City or town..... Rural
(If outside city or town limits, write "RURAL")
(d) Street No..... Rural 320 N. 59th. St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

John James Kogler

3. (b) If veteran, name war..... World #1
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day 15
year..... 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

4. Sex..... Male 0
5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Married
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Dec. 3, 1898
(Month) (Day) (Year)

Cause unknown
Due to.....
Due to..... 2000

8. AGE: Years Months Days If less than one day
49 5 12 hr. min.

9. Birthplace..... Denver Colo
(City, town, or county) (State or foreign country)

10. Usual occupation..... Warehouse Supt.

11. Industry or business..... Department Store

12. Name..... Henry Kogler

13. Birthplace..... not known 9
(City, town, or county) (State or foreign country)

14. Maiden name..... not known

15. Birthplace..... not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. E. Kogler

(b) Address..... East St. Louis, Ill

17. (a) removal (b) Date thereof..... May 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... East St. Louis, Ill

18. (a) Signature of funeral director..... Chas. M. Duke

(b) Address..... East St. Louis, Ill

19. (a) 0417-48 (b) 0417-48
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations.....
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)

23. Signature of Commissioner of Health.....
Address..... Commissioner of Health
Date signed..... 5-20-48

WRITE PLAINLY—USING 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 _____

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 217Primary Registration District No. 6076Registrar's No. 1225-

1. PLACE OF DEATH:

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

(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

John J. Rogler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex
- m
5. Color or race
- w
6. (a) Single, widowed, married, divorced
- m

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

7. Birth date of deceased
- see 3
- (Month) (Day) (Year)

8. AGE: Years
- 49
- Months _____ Days _____ (If less than one day _____ hr. _____ min.)

9. Birthplace
- Cal.
- (City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
-
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)
-
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
-
- (b) Address _____
-
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
-
- (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
-
- (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year
- 1948
- Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-18292