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5-43
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X36871

FILED NOV 19 1948

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1003

9733

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME M- Emma Vogel

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female | 5. Color or race white

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife Charles T. A. Vogel

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

7. Birth date of deceased October 12 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>0</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business none

12. Name L. F. Hammer

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

14. Maiden name Juliana Fath

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. Informant Clarence H. Vogel

17. Address 4659 Penrose
(Burial, cremation, or removal) (b) Date thereof 11-9-48
(Month) (Day) (Year)

18. (a) Signature of funeral director A. M. Lewis & Co.

(b) Address 2707 N. Grand Blv'd

19. (a) NOV 9 1948 (b) J. B. Lazarus
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 245 N. Union Gatesworth Hotel
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1948 hour 11 minute 40 a M.

21. I hereby certify that I attended the deceased from 9/28 1948 to 11-7 1948
that I last saw h. alive on 11-7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction due to Carcinoma of head of pancreas 1 mo

Duration 7 days

Due to _____

Due to _____

Other conditions Parkinson's Disease
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy H. G.

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)

(b) Means of injury _____

23. Signature Clarence H. Vogel (M. D. or other) MD

Address 3723 A Kingshighway St. Date signed 11-8-48

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

FATHER
MOTHER
Carr. to Penrose
1-2-48
4 weeks

SEP 18 1938

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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 387 30-48

State of Mo. }
County St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9733

On this 3rd day of December, 1948, before me appears Mrs Emma Vogel, who, upon her oath, states that the original record of ~~DECEASED~~ death for Emma Vogel died ~~DECEASED~~ 11-7-, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on 11-9-, 1948, should be corrected as follows:

Item No. 3(a) should read Emma M. Vogel

Instead of Emma Vogel

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

August Knopf

Funeral Director

Relationship.

2707 N. Grand Blvd.

Present Address.

Subscribed and sworn to before me this 3 day of Dec., 1948.

My Commission expires

3-4-49

Paul Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

hb
0679
②