

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
#02337
Filing Office of Vital Statistics
FILED DEC 29 1948

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

41910
State File No. _____
Registrar's No. 10671

Registration District No. 318
Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri.
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution..... 3 days
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri
(b) County.....
(c) City or town..... St. Louis
(d) Street No. 5739 Roosevelt Place
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... HARRY VOGLER
(b) If veteran, name war..... none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 8th
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 6 1948 to Dec. 8th 1948
that I last saw him alive on Dec. 8th 1948
and that death occurred on the date and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Elizabeth Vogler
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased February 24th 1872
(Month) (Day) (Year)

Immediate cause of death Rupture of myocardium
Due to Infection of Myocardium
Due to Coronary artery thrombosis
Other conditions Diverticulitis of large bowel
& chronic blood loss

8. AGE: Years 76 Months 9 Days 14
If less than one day hr. min.

9. Birthplace St. Louis, Mo - 0
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

11. Industry or business
12. Name Frederick Vogler
13. Birthplace Germany
14. Maiden name Louise Holdenbrink
15. Birthplace Germany

Major findings:
Of operations.....
Of autopsy Same
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Vogler
(b) Address 5739 Roosevelt Place
17. (a) Burial (b) Date thereof 12-11-48
(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) DEC 9 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature [Signature] (e) Means of injury
Date signed 12/9/48

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..... *Ronald Yahnke*
Licensed Embalmer No..... *3917*
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.