

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14499

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>676</u>		Registrar's No. <u>681</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY OR TOWN <u>Affton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Affton</u>		96		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9238 Gravois Road</u>				d. STREET ADDRESS (If rural, give location) <u>9238 Gravois Road</u>				
3. NAME OF DECEASED (Type or Print) <u>Emelia Vogel</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>March 18, 1949</u>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 4, 1861</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		9. AGE (in years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frederick Pommer</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Wilke</u>			14. NAME OF HUSBAND OR WIFE <u>Gustav F. Vogel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Blanche Bilhartz 9283 Gravois Rd.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Quantitative Creeping</u>					INTERVAL BETWEEN ONSET AND DEATH <u>42</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>						
		DUE TO (c) <u>Fetus Pericarditis</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>93rd</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Aug 5, 1948</u> , to <u>March 18, 1949</u> , that I last saw the deceased alive on <u>March 18, 1949</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. A. Admire</u>				23b. ADDRESS <u>6849 Gravois</u>		23c. DATE SIGNED <u>3/19/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew Cemetery</u>		24d. LOCATION (City, town; or county) <u>St. Louis, Missouri</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>3-26-49</u>		REGISTRAR'S SIGNATURE <u>Theresa L. Langer MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F. H. Inc. 1936 St. Louis</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

96

68

Dr. W. J. Schindler
6811^a Graves

2-3

9-10
2-3
7-8
Sun. 9-10
no West.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Max L. Bayfel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis Ave.

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.

Max