

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 10-303
 Registrar's No. 4730

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township)		16
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 Mason</u>			d. STREET ADDRESS (If rural, give location) <u>316 Mason</u>		
3. NAME OF DECEASED a. (First) <u>ALFRED</u> (Type or Print)			b. (Middle) <u>MARTIN</u>	c. (Last) <u>VOGEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 28 - 1889</u>	9. AGE (in years last birthday)	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>60 6 18</u>
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Metropolitan Ins.</u>	11. BIRTHPLACE (State or foreign country) <u>Georgetown Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Sho-dace</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Hoepfel</u>	14. NAME OF HUSBAND OR WIFE <u>Ira Vogel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-05-6937</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Al Vogel</u> ADDRESS <u>Cape Girardeau Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis + infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Feb 16 1949</u> <u>to Dec 16 1949</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				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>Feb 16 1949</u> , to <u>Dec 16 1949</u> that I last saw the deceased alive on <u>Dec 16, 1949</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Mrs. Al Vogel</u>			23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>12-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 18 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-19-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hoover</u>	ADDRESS <u>Cape Girardeau Mo</u>	

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

16
4

12-27-49
No. 4
1249-1
DATE FILED

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.

Signed
Student Embalmer

Signed *Joe Howell*
Licensed Embalmer No. *3390*
P. O. Address *Cape Verde*

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.