

No. 300
10. 48

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3295
Registrar's No. 268

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3069

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4101
d. STREET ADDRESS (If rural, give location) 9859 Ventura Drive 1

3. NAME OF DECEASED
(Type or Print) a. (First) Charles b. (Middle) M. c. (Last) Vogel

4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1951

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH Aug. 31, 1876

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Mfg.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S..

13a. FATHER'S NAME Joseph Vogel

13b. MOTHER'S MAIDEN NAME Martha Hartweik

14. NAME OF HUSBAND OR WIFE Caroline Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 493-07-0858

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Caroline Vogel 9859 Ventura Dr.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the sigmoid colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____
rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
inclusion
5
2

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 29, 1950, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE James B. Janney Jr. (Degree or title) M.D.

23b. ADDRESS 35 North Central, Clayton 5, MO

23c. DATE SIGNED Jan 31, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11

24b. DATE Feb. 1, 1951

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 1/31/51 REGIS. TRAR'S SIGNATURE Robert P. Lombardi M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.M. White Chapel 118 N. Florissant Rd.

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

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.....

L. M. White

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, Mo.*

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.

