

STANDARD CERTIFICATE OF DEATH

1899-1951

FILED JUN 5 1951

318

1003

State File No.

4742

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ Mo.			
b. CITY (If outside corporate limits, write RURAL and give town) _____ OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) _____ OR TOWN <u>St. Louis</u>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp.</u>				d. STREET ADDRESS (If rural, give location) _____ <u>3924 Cora Ave.</u>			
3. NAME OF DECEASED (Type or Print) _____ a. (First) <u>Otto</u>		b. (Middle) _____ <u>A.</u>		c. (Last) _____ <u>Vogel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1951</u>	
5. SEX _____ <u>male</u>		6. COLOR OR RACE _____ <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ <u>widowed</u>		8. DATE OF BIRTH _____ <u>Jan. 28 1875</u>	
9. AGE (In years last birthday) _____ <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____ <u>Superior Insulating</u>		11. BIRTHPLACE (State or foreign country) _____ <u>Warsaw Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? _____ <u>USA</u>		13a. FATHER'S NAME _____ <u>John A. Vogel</u>		13b. MOTHER'S MAIDEN NAME _____ <u>Anna Kurts</u>		14. NAME OF HUSBAND OR WIFE _____ <u>Lillian R. 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>494 10 1025</u>		17. INFORMANT'S SIGNATURE OR NAME _____ <u>Harry R. Vogel 3924 Cora Ave.</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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES _____ <u>Fr of the right arm; suffered morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ <u>at City Hosp. #1 on May 10 1951, exact time unknown</u> DUE TO (c) _____ <u>Accident</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ <u>000</u>				20. AUTOPSY? _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <u>Hosp</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ <u>St Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ <u>May 10 51 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ <u>E9027</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>830 P.</u> m., from the causes and on the date stated above. <u>HS</u>							
23a. SIGNATURE _____ (Degree or title) _____ <u>Patrick E. Taylor Coroner</u>				23b. ADDRESS _____ <u>1300 Clark</u>		23c. DATE SIGNED _____ <u>5.21.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ <u>Burial</u>		24b. DATE _____ <u>May 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY _____ <u>Calvary</u>		24d. LOCATION (City, town, or county) _____ (State) _____ <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. _____ <u>MAY 21 1951</u>		REGISTRAR'S SIGNATURE _____ <u>J B Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____ <u>Street - Carroll 4600 Nat'l Bldg</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M. Murray

Signed

Student Embalmer

Licensed Embalmer No.

3749

P. O. Address

St. Louis, 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.