S. No. 300
10-48

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18811

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1438

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jennings
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5711 Helen Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 14 Jennings 4148
d. STREET ADDRESS (If rural, give location): 5711 Helen Ave 0

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) W. c. (Last) Vogel

4. DATE OF DEATH (Month) (Day) (Year): June 1 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: January 6 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Iron Roller
10b. KIND OF BUSINESS OR INDUSTRY: Iron Rolling
11. BIRTHPLACE (City and State or Foreign Country): Zanesville Ohio 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George W. Vogel
13b. MOTHER'S MAIDEN NAME: Catherine Sherman
14. NAME OF HUSBAND OR WIFE: Late Eva St. Clair Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Oliver Koeneman ADDRESS: 5711 Helen Ave

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

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) CORONARY OCCLUSION	2 DAYS
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) DEGENERATIVE MYOCARDITIS	6 WEEKS
	DUE TO (c) CHRONIC ARTERIO SCLEROSIS	4 YEARS
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	SENILITY	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) 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* MAY, 1948, *to* JUNE 1, 1952, *that I last saw the deceased alive on* MAY 30, 1952, *and that death occurred at* 8:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E Middleton (Degree or title) D.C.I
23b. ADDRESS: 5746 Helen Ave
23c. DATE SIGNED: JUNE 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: June 5 1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co Mo

DATE REC'D BY LOCAL REG.: 6 2 52
REGISTRAR'S SIGNATURE: Herbert R. Domko MD
25. FUNERAL DIRECTOR'S SIGNATURE: Calvin F Feutz ADDRESS: 4828 at Bridge blvd

(Licensed Embalmer's Statement on Reverse Side)

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

5746 Helen Ave
9.A.M. to (P.M.

Comply

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 John A. Mlinar

Licensed Embalmer No. 4185

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.