

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44001**

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **308** PRIMARY REG. DIST. NO. **4454** Registrar's No. **12**

0920

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

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Augusta mo</b>		c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Augusta Mo 0920</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) <b>VOGEL</b> c. (Last) <b>POHL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15 - 1953</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 8 - 1862</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Augusta Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Not known</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>	14. NAME OF HUSBAND OR WIFE <b>Airna Vogel Pohl</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>A.E. Stelzer</b> ADDRESS <b>Augusta Mo</b>			
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) <b>Cardiac De Compensated</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 7/10</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of Prostate Gland</b>				<b>5 1/2 yrs</b>	
	DUE TO (c)					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>146X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <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 <b>Nov. 10, 1953</b> , to <b>Dec 15, 1953</b> , that I last saw the deceased alive on <b>Dec 15, 1953</b> , and that death occurred at <b>10 P. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>H.P. Haynes</b> (Degree or title) <b>D.D.</b>		23b. ADDRESS <b>Augusta, Mo</b>		23c. DATE SIGNED <b>Dec 17 - 53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 18 - 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Augusta Mo</b>			
DATE REC'D BY LOCAL REG. <b>Dec 19, 1953</b>	REGISTRAR'S SIGNATURE <b>Mrs Viola Fleischer</b> 574-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>Oliver Shelkey</b> ADDRESS <b>Augusta Mo</b>			

OCT 25 1951

OCT 24 1951

**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 Howard O Kissler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.