

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36079

FILED OCT 26 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9442**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5750 Delor St.		e. STREET ADDRESS (If rural, give location) 14 5750 Delor St.	

3. NAME OF DECEASED (Type or Print)	a. (First) ALVIN	b. (Middle) J.	c. (Last) VOGEL	4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 22, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Egg Business (Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Vogel	13b. MOTHER'S MAIDEN NAME Mary <del>Becker</del> Becker	14. NAME OF HUSBAND OR WIFE Hilda Vogel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and dates of service) yes <input checked="" type="checkbox"/> (WWI)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hilda Vogel	ADDRESS 5750 Delor St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean mode of dying, such as heart failure, asthma, etc. It means the direct injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma colon		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 153X
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22. I hereby certify that I attended the deceased from 7-19, 1954, to 10-12, 1954, that I last saw the deceased alive on 10-29, 1954, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE Eugene H. Edle M.D.	(Degree or title)	23b. ADDRESS 4971 Chippewa St.	23c. DATE SIGNED 10-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE: Oct. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Milstadt, Ill.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. OCT 18 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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

Can be by ad

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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.....  
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *4291*

P. O. Address *4228 Kings*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.