

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 468BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>223 Independence</u>		(If rural, give location) <u>0164</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELBERT</u> b. (Middle) <u>E.</u> c. (Last) <u>VOGELSANGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1955</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-3-1893</u>
9. AGE (In years last birthday) <u>62</u> <u>0</u> <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Distributor</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			

13a. FATHER'S NAME <u>John F. Vogelsanger</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Schatz</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Vogelsanger</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>490-14-3495</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elbert F. Vogelsanger, Jr.</u> ADDRESS <u>St. Louis</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		<u>?</u>	
DUE TO (c) <u>Hypertension</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosis et Rheumatoid Paralysis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? 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) <u>CAPE GIRARDEAU, CAPE MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-20, 1954, to 2-3, 1955, that I last saw the deceased alive on 2-3, 1955, and that death occurred at 10:22 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Schneider, M.D.</u>		23b. ADDRESS <u>28 S. Spanish</u>		23c. DATE SIGNED <u>2/5/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2-6-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker's Funeral Home Cape Gir.</u>		ADDRESS <u>MO.</u>	
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(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Virgil K. Kelch*.....

Licensed Embalmer No. *410*.....

P. O. Address *Cape Girardeau*.....

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.