

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26660

State File No. 6530

FILED JUL 26 1957

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis		c. LENGTH OF STAY (in this place)		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 (If not in hospital or institution, give street address or location) 01 HOSPITAL OR INSTITUTION 2717a S. 13th Street 2				STREET ADDRESS (If rural, give location) 2717a S. 13th Street				
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) M. c. (Last) Vogel			4. DATE OF DEATH (Month) (Day) (Year) 7- 11 1957					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married		8. DATE OF BIRTH Nov 4, 1877		9. AGE (In years last birthday) 79	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, and if retired) Seamstress Retired		10b. KIND OF BUSINESS OR INDUSTRY Vierheller-Maas		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Frederick Vogel			13b. MOTHER'S MAIDEN NAME Bertha A. Siegel		14. NAME OF HUSBAND OR WIFE -----			
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. don't know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otto Vogel 2717a S 13th St.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic lung condition</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic coronary system nephrotic</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH 6-7 yrs  1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  592x				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, factory, street, or public place)		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 July 3, 1957, to July 10, 1957, that I last saw the deceased alive on July 10, 1957, and that death occurred at 8 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C.W. Gaudin		23b. ADDRESS 1504 S. Grand		23c. DATE SIGNED 7/11/57				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 15, 1957		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		
DATE REC'D BY LOCAL REG. JUL 13 1957		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd.				

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

*Dr. Gardner*  
*15048. Grand*

**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 *Harvey Fable*.....

Licensed Embalmer No. *4596*.....

P. O. Address *Floussant,*.....

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.