

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

26661

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar **6509**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE MISSOURI		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN ST LOUIS,		c. CITY OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4840 LEE AVE		Length of stay in lb		d. STREET ADDRESS 207 1/2 4840 LEE AVE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LOUIS		Middle G.		Last VOGEL		Month JULY 12, Year 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB, 16, 1889	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LETTER CARRIER		10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE	
11. BIRTHPLACE (City and state or country) PERRY COUNTY MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME LOUIS VOGEL				14. MOTHER'S MAIDEN NAME DORA PUTMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. # 494-38-8075		17. INFORMANT ODEAL VOGEL 4840 LEE AVE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral metastases from hypernephroma of kidney							INTERVAL BETWEEN ONSET AND DEATH 2 mo.?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) hypernephroma of kidney		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 180x							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour --- Month --- Day --- Year --- a. m. --- p. m. ---							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1, 1956 to July 12, 1957 and last saw her/him alive on July 11, 1957 Death occurred at 2:30 am - 2:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. B. Flanagan M.D.				22b. ADDRESS 539 N. Grand St. St. Louis		22c. DATE SIGNED 7/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/15/57		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) ST LOUIS MISSOURI	
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE AVE				25. DATE RECD. BY LOCAL REG. JUL 12 57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *M W Ruter*

Licensed Embalmer No. *486*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.