

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30128

FILED AUG 26 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **7034** Registrar's No. **7034**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b 46 days STREET ADDRESS 5881 Greer Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOSEPH Middle H. Last VOGLER			4. DATE OF DEATH Month July Day 27 , 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 Jan 25, 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY American Baking		11. BIRTHPLACE (City and state or country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Vogler			14. MOTHER'S MAIDEN NAME Julia Schiligo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 493-01-2904		17. INFORMANT Address Theresa Vogler, 5881 Greer Ave.	

18. CAUSE OF DEATH [Enter only one cause, or line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Plasma Cell Sarcoma (Multiple Myeloma) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic disease DUE TO (c) 203X			INTERVAL BETWEEN ONSET AND DEATH 2 years 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 203X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		

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 St. Louis, Mo	COUNTY	STATE
21. I attended the deceased from 1955 to 27 July 57 and last saw him alive on 27 July 57 . Death occurred at 2:15 P. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. P. [Signature]		22b. ADDRESS 6000 W. Florissant	22c. DATE SIGNED 29 July 57	

23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 7/30/57	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem	23d. LOCATION (City, town, or county) St. Louis, Mo.
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24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan Ave.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jul 29 57	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related.

Dr. Boldt
6000 W. Florissant

11:00 A.M.

MISSOURI

St. Louis, Mo. x St. Louis, Mo.

John's Body St. Louis, Mo. St. Louis, Mo.

JOHN'S BODY ST. LOUIS, MO. ST. LOUIS, MO.
JOHN'S BODY ST. LOUIS, MO. ST. LOUIS, MO.
JOHN'S BODY ST. LOUIS, MO. ST. LOUIS, MO.
JOHN'S BODY ST. LOUIS, MO. ST. LOUIS, MO.
JOHN'S BODY ST. LOUIS, MO. ST. LOUIS, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. G. Peters*
.....

Licensed Embalmer No. 3

P. O. Address 7420 W

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.