

pt. Health,  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023845  
STATE FILE NUMBER

JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6231

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Anthony</b>		Length of stay in 1b <b>22</b>	d. STREET ADDRESS (If outside, give location) <b>5020 Alabama</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle Last <b>Vogel</b>			4. DATE OF DEATH Month <b>6</b> Day <b>16</b> Year <b>58</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5/8/1873</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butler Bros.</b>	11. BIRTHPLACE (City and state or country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Vogel</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine (deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-09-3010</b>		17. INFORMANT Address <b>Minnie Vogel 5407 Dewey</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia - acute</b> DUE TO (b) <b>Gen. arteriosclerosis</b> DUE TO (c) <b>450.0</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Had a rectal operation + later prostatectomy</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>?</b>
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 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 Death occurred at <b>9<sup>00</sup> p.m.</b>			to <b>6/16/58</b> and last saw her/him alive on <b>6/16/58</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>W.F. Heuser MD</b>		22b. ADDRESS <b>5203 Chipewawa</b>		22c. DATE SIGNED <b>6/18/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>6/20/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
24. FUNERAL DIRECTOR <b>Schumacher 3013 Mermaec</b>		25. DATE RECD. BY LOCAL REG. <b>JUN-19 58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>m f s.</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. [unclear]  
Clipping [unclear]  
2 P.M. [unclear]  
No. [unclear]  
St. Louis [unclear]

2020 ALABAMA

St Anthony [unclear]

John [unclear]  
2/2/1873 [unclear]  
Pennsylvania [unclear]

Butler Bros. [unclear]

Catherine (deceased)

Unknown

Henry Vogel

Minnie Vogel 5407 Dewey

423-02-3010

no

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 *Jack Haupt* .....  
Licensed Embalmer No. 4746  
P. O. Address *St. Louis*

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.

Schmieder 3013 Service