t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046446
STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11809

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 08 Deaconess Hospital — Length of stay in 1b: 36 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Mehlville 4000 — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 27 Rt. 9, Box 589K — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Caroline Middle: Last: Vogel

4. DATE OF DEATH: Month Day Year: Dec. 5, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: Dec. 14, 1895

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: (Unk.) Macke

13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ Elizabeth Johanning

14. NAME OF HUSBAND OR WIFE: Christian

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 494 10 1907D

17. INFORMANT: Frieda Fischer — Address: Rt. 9, Box589K Mehlville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ~~Leiomyosarcoma~~ — INTERVAL BETWEEN ONSET AND DEATH: ~~1956~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastasis
DUE TO (c) 1979

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1948, to 12/5/58 and last saw ~~him~~ her alive on 12/4/58
Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Eades (Degree or title) M.D.

22b. ADDRESS: 7602 S. Broadway

22c. DATE SIGNED: 12-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec. 8, 1958

23c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR: C. Hoffmeister Mortuaries — ADDRESS: 7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: DEC 8 '58

26. REGISTRAR'S SIGNATURE: Earl Smith MD MKB

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Lewis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.