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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007745

STATE FILE NUMBER 2 662

FILED FEB 24 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Christian Hospt — Length of stay in 1b: 15 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St.Louis
c. CITY OR TOWN: Normandy 4180 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8701 Link — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary — Middle: Rose — Last: Vogler
4. DATE OF DEATH: Month 1 — Day 18 — Year 59
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug 29 1903
9. AGE (In years last birthday): 55 — 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: At Home
11. BIRTHPLACE (City and state or country): St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Patrick Lyons
13b. MOTHER'S MAIDEN NAME: Mary Unk
14. NAME OF HUSBAND OR WIFE: Ernest Vogler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Ernest Vogler — Address: 8701 Link (Normandy)

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): coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
DUE TO (b): Coronary Thrombosis myocardial infarction — 1 Week
DUE TO (c): Myocardial Infarction 420.1 atheromatous placques coronaries — 7.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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 [X] NO [ ]

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 1-3-59, to 1-18-59 and last saw her/him alive on 1-18-59
Death occurred at Midnight midnight m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Nicholas J. Vitale (Degree or title) M.D. — Nicholas J. Vitale, MD
22b. ADDRESS: 7130 Natural Bridge — 7130 Natural Bridge Rd
22c. DATE SIGNED: 1/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-21-59
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR: J.W.Clark F.H. — ADDRESS: 1125 Hodiamont Ave
25. DATE REC'D. BY LOCAL REG.: JAN 20 '59
26. REGISTRAR'S SIGNATURE: Earl Smith MD — MDS

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I for the symptoms, complications, and diseases which lead to death. 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 J Wm Binkley

Licensed Embalmer No. 3657

P. O. Address St Louis Ke

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.