

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027314
STATE FILE NUMBER
2 6242

FILED JUL 17 1959 Registration District No. Primary Registration District No. Registrar No.

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Louis	
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 Fenton 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony Hosp.		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 501 Main St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle JOSEPHINE Last VOGEL			4. DATE OF DEATH Month 6 Day 29 Year 59		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/31/1876	9. AGE (In years and birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Weber		13b. MOTHER'S MAIDEN NAME Francis Renauld		14. NAME OF HUSBAND OR WIFE Wm. A. Vogel	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Elmer Kalkbrenner	Address Fenton Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Acute cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 h.</i>
DUE TO (b) <i>Ch. myocarditis</i>		
DUE TO (c) <i>422.2</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Empyema of gall bladder + liver abscess</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 St. Louis	COUNTY St. Louis	STATE Mo.
21. I attended the deceased from 6/29/59 to 6/29/59 and last saw her alive on 6/29/59 Death occurred at 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. F. Heun MD (Degree or title)		22b. ADDRESS 5703 Chippewa		22c. DATE SIGNED 7/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/2/59	23c. NAME OF CEMETERY OR CREMATORY Ressurrection Cemetery	23d. LOCATION (City, town, or county) St. Louis Co.	(State) Mo.
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24. FUNERAL DIRECTOR Leo H. Zieser	ADDRESS Fenton Mo.	25. DATE RECD. BY LOCAL REG. JUL 1 '59	26. REGISTRAR'S SIGNATURE Dean Smith, M.D.
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(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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

Gerald J. Mahan

Licensed Embalmer No. *4975*

P. O. Address *De Soto, Mo*

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.