MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-031864
STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 5808 Registrar's No. 113

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0700
2 2049
3
4 1
5 2
6
7 2
8 0
9 4200
10
11
12 86-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 21 1962

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bearcreek
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jonesburg Nursing Home
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1127 Art Hill Place
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Anna Middle: Last: Vogelpohl
4. DATE OF DEATH: Month: Aug. Day: 14 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-19-70
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: 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): Germany
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Carl Ringel
13b. MOTHER'S MAIDEN NAME: Caroline Weber
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna Merlenback Address: Wellsville Mo

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) Myocardial Degeneration with Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis with Gangrene involving Left Foot. Senility.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ 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 Oct. 8, 1960, to August 14, 1962 and last saw her/him alive on August 13, 1962
Death occurred at 3:23 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. H. Thompson (Degree or title) DO
22b. ADDRESS: New Florence, Mo.
22c. DATE SIGNED: 8/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-17-62
23c. NAME OF CEMETERY OR CREMATORY: Valhalla
23d. LOCATION (City, town, or county) (State): St. Louis Mo.
24. FUNERAL DIRECTOR ADDRESS: C. A. Harding Jonesburg, Mo.
25. DATE RECD. BY LOCAL REG.: 8/16/62
26. REGISTRAR'S SIGNATURE: Laura B Callaway

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Carl Harding

Signature of Student Embalmer

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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.