

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13282

1. PLACE OF DEATH

County.....*St. Louis, Mo.*..... Registration District No.....*791*
 Township.....*St. Louis, Mo.*..... Primary Registration District No.....*1003*
 City.....(No. *1621*) *Hogan*..... St. Ward.....

File No.....
 Registered No. *3847*
 St. Ward.....

2. FULL NAME

Louis Vogt
 (a) Residence. No. *1621 Hogan St.*, *26* Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 5 1883*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
45 years 9 mo 13 Day

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *shoe maker*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Joseph Vogt*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis, Mo.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Gettemeyer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Louis, Mo.*
 (STATE OR COUNTRY)

14. INFORMANT *Mildred Vogt*
 (Address) *1621 Hogan St.*

15. FILED *30 1929* *Mad C. Starkey*
 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 28 1929*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at *6 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral anoxia due to Steel Gas Poisoning
1st A. Succeeded
 CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED *167*
 IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *J. W. Kemer, M.D.*
3/30, 1929 (Address) *Dep. Coran*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Cavalry Cemetery* DATE OF BURIAL *April 1 1929*

20. UNDERTAKER *John A. Genteman* ADDRESS *4320 Wayne ave*

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

