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.

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

Do not use this space.
35782

1. PLACE OF DEATH

County..... Registration District No. 1071

Township..... Primary Registration District No. 1078

City St. Louis, (No. 5653a Delmar av., St. ..... Ward)

File No. .....
Registered No. 10288

2. FULL NAME Dr. Rudolph A. Vogt,

(a) Residence, No. ..... St., 5 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Mae Hoppe Vogt,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1874-3-10

7. AGE: Years 57 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City, Mo.

FATHER

13. NAME Albert Vogt,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland,

MOTHER

15. MAIDEN NAME Margaret Willi,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman, Mo.

17. INFORMANT (ADDRESS) Lottie Mae Hoppe Vogt. 5653a Delmar av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery City, Mo. DATE 10-8-31. 19

19. UNDERTAKER (ADDRESS) Albert Shubert, Inc., 6633 Clayton Rd.

20. FILED OCT -6 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Oct. 6th, 1931

I last saw him alive on Oct. 5th, 1931. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-Carditis — Endo-Carditis involving mitral, with Coronary occlusion G.R.H.	
G.P.C.	
P.P.D.	

Other contributory causes of importance:
Arterio sclerosis Coronary Sp. with acute dilitation of myo cardium

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19.....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Luke B. Tiernor (....., M. D.

(Address) 3718 Jennings Rd.

Have O'K'd by Coroner

Dr Pessner