

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

Do not use this space.

18009

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 701
Primary Registration District No. 3005
U.S. Marine Hospital, 3640 Marine Ave.,

File No.
Registered No. 4978
St. 10 Ward)

2. FULL NAME John Henry Vogt

(a) Residence, No. 1027 Howard Street St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1932, 19

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

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1930, 19, to May 21, 1932, 19

I last saw h. in alive on May 21, 1932, 19. Death is said to have occurred on the date stated above, at 1:25PM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1888

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 10 26

Myocarditis, chr. 92 A 1 Year (from history)

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 101
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

Other contributory causes of importance:
Valvular heart disease, combined lesions Aortic and mitral Unknown

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

Name of operation Hemorrhoidectomy Date of 4-6-31
What test confirmed diagnosis Clinical Was there an autopsy? No

FATHER
13. NAME Joseph Vogt

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary Gittenmyer

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo.

17. INFORMANT Dr. W. L. Corey (ADDRESS) Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE May 24, 1932

19. UNDERTAKER John A. Genteman (ADDRESS) 1507 1/2 Desperant

20. FILED MAY 23 1932 W. L. Corey Registrar

(Signed) W. L. Corey, M. D. (Address) U.S. Marine Hospital, St. Louis, Mo.

Autopsied by pathologist, Med. Off. Chas.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

