

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

Do not use this space.

8042

1. PLACE OF DEATH

County.....

Registration District No. *3901*

Township.....

Primary Registration District No. *3903*

City *St Louis* (No. *St Johns Hosp*)

File No.
Registered No. *2044*
St. Ward)

2. FULL NAME *Lena Vogt*

(a) Residence (No. *14977 Lotus*) St. *6* Ward.

(If nonresident, give city or town and State)

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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 13 1857</i>		
7. AGE YEARS <i>75</i>	MONTHS <i>9</i>	DAYS <i>14</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>		
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) <i>mo</i>		
13. NAME <i>Peter Merkel</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>unknown</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Dr. Wm H Vogt</i> (ADDRESS) <i>99 Aberdeen Street</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla</i> DATE <i>Mar 1</i> 19 <i>33</i>		
19. UNDERTAKER <i>A. Krown & Son Co</i> (ADDRESS) <i>2707 W. Grand St</i>		
20. FILED: <i>FD 28 1933</i> 19 <i>W. H. Starck</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 27* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 27* 19*33* to *Feb 27* 19*33*

I last saw her alive on *Feb 27* 19*33* Death is said

to have occurred on the date stated above, at *11:20 am*

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

Obs. trachea, faucis due either to 1. gas, 2. pneumonia of head & neck

Other contributory causes of importance: *None*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*33*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify *Chas. Hugh Vetter* (Signed) _____, M. D.

(Address) *St. Louis, Mo.*

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.

