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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No. 17836
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City Florissant (No. ..... St. ..... Ward)

2. FULL NAME Mary M. Vogt
(a) Residence, No. 3600 E Ninth St. ..... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julius F. Vogt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 10, 1847
7. AGE: YEARS 85 — MONTHS 5 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Wheeling West Va

FATHER
13. NAME: John Goeckler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Bruno Goeckler, Davenport, Iowa
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Valhalla Crematory DATE May 22, 1933
19. UNDERTAKER (ADDRESS): Math Hermann & Son, 2161 East Fair Ave.
20. FILED ~~May 19th~~ 6-3-33, 1933 Emma J Harris, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to May 18, 1933
I last saw her alive on May 18, 1933. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset
191
93D
93D

Other contributory causes of importance:
mild case of interstitial nephritis

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
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? No
If so, specify
(Signed) Carl C. Ottersbach, M. D.
(Address) 1509 Bremen Av