

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.

1. PLACE OF DEATH

County..... Registration District No. 702
Township..... Primary Registration District No. 0003
City St. Louis (No. Deaconess Hospital)

21195
File No.
Registered No. **4968**
St. Ward)

2. FULL NAME

Louis H. Vogt
(a) Residence, No. 3961 1/2 Lexington St., 6 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 Eva. Vogt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 2

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

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) St. Louis Mo

MOTHER 13. NAME William Vogt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

15. MAIDEN NAME Dora Weicher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) Mrs. E. Vogt 3961 1/2 Lexington A

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 9, 1933

19. UNDERTAKER (ADDRESS) Wm. F. Paschke 2125 No. Grand St. St. Louis

20. FILED UN - 9 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Laceration of Liver. Obtained
hemorrhage. Fracture of
ribs. Fracture of Right Leg.
203 M.
1933 Accident, 203
Other contributory causes of importance:
Carry to his Center. Broken
first and second floor

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 5, 1933

Where did injury occur? 6708 Vermont Ex. W. University City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Carry to Center. Broken
Nature of injury several floors

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. F. Paschke, M. D.
Wm. F. Paschke
1933

260 1 0 0

