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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 31844

Township Carondelet — Primary Registration District No. 624813 — Registered No. 338

City Jefferson Barracks (No. Veterans Hospital St. Ward)

2. FULL NAME Everett C. VOGT

(a) Residence, No. 125 West Bodley Avenue St., Ward. Kirkwood, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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: Mrs. Rose Vogt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 14, 1887

7. AGE: Years 50, Months 6, 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.: Technician
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): Missouri.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig, VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE 8-25 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 Southwest Avenue

20. FILED Aug 23, 1937 Mrs Gladys Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1924, to August 22, 1937

I last saw him alive on August 22, 1937 Death is said to have occurred on the date stated above, at 11:35 Am.

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

	Date of onset
Arthritis, chronic, multiple, infectious, deformans type.	19 yrs.
Other contributory causes of importance:	
Pericarditis, acute	3 days
Chr. Myocarditis with congestive type of heart failure.	3 yrs.
Arteriosclerosis, general	3 yrs.
Blindness, bilateral.	3 yrs.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

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?
If so, specify C. W. Hughes
(Signed) C. W. Hughes, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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.