

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

32884

Do not use this space.

Registered No. 8938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City **St. Louis**
 (d) Street No. **3940a Lafayette**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Catherine Vogt**

(a) Residence, No. **3940a Lafayette** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 24, 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **June 20, 1931, to Sept 23, 1937**
 I last saw h. **live on Sept 23, 1937** Death is said to have occurred on the date stated above, at **11:40 A.M.**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 2 15

Other contributory causes of importance:

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

Chronic myocarditis
fatty infiltration
Chronic nephritis

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Joseph Fritz**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Mary Shannon**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Joseph Vogt**
 (ADDRESS) **3940a Lafayette Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Sept. 27, 1937**

19. FUNERAL DIRECTOR **Steep Bros**
 (ADDRESS) **2201 So. Grand Blvd.**

20. FILE **SEP 24 1937** **St. Predeck**
 Local Registrar.

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?.....
 If so, specify.....
 (Signed) **Richard W. Johnson, M.D.**
 (Address) **4247 S Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

899

Missouri State Board 728

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed George C. Weick

Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)