

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

681
Do not use this space.

1. PLACE OF DEATH
 (a) **Feb 12 1938** Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **537**
 (c) City **St. Louis** (d) Street No. **4165 Clay Ave.** St.
 (e) Length of residence in city or town where death occurred **78 yrs. 10 mos. 8 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Vogt**
 (a) Residence, No. **3934 N. 22nd St.** St. **20**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 11, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 3

OCCUPATION 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) **Dec. 1937** 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Karl Meyer**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT **Mrs. Adele Gallagher**
 (ADDRESS) **4165 Clay Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **Jan. 15 1938**

19. FUNERAL DIRECTOR **Suedmeyer & Sons**
 (ADDRESS) **3934 N. 20th St.**

20. FILED **JAN 17 1938** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 12 1937** to **Jan. 14 1938**

I last saw her alive on **Jan. 14 1938** Death is said to have occurred on the date stated above, at **3:45 P.M.**

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

Chronic Hypertension (Essential)

Date of onset ?

Other contributory causes of importance:

**Arterio Sclerosis
Subacute Enteritis**

?
12/12/38

Name of operation Date of

What test confirmed diagnosis? **Clinical** 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 (Signed) **Arthur J. deMasy**, M. D.

(Address) **4046 N. Grand Blvd.**

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.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert Licensed Embalmer No. 2212

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 Geo P Schubert

Licensed Embalmer No. 2212

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.)