

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

9370

Do not use this space.

2959

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis..... (d) Street No. 11 Aberdeen Place..... St.
 (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 13 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CARL VOGT 280

- (a) Residence, No. 11 Aberdeen Place St. 5
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Abercrome

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 10th, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 1 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Artist
 9. Industry or business in which work was done, as saw mill, bank, etc. Scenic
 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) Iowa13. NAME Dr. Wm. Vogt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary O'Connor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Mrs. P. S. Toomey
(ADDRESS) 11 Aberdeen Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Iowa City, Iowa DATE March 30th, 193819. FUNERAL DIRECTOR Shos J. Finan
(ADDRESS) 1519 S. Grand20. FILE MAR 29 1938 J. D. Brudner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1937, to March 28, 1938
 I last saw him alive on March 16, 1938 Death is said to have occurred on the date stated above, at 8 a. m.

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

arterio-sclerotic
cardio-vascular disease
with coronary arteriosclerosis
nephrosclerosis

Date of onset

MarchMarch

Other contributory causes of importance:

Name of operation Physic & Laboratory Exam Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
 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) G. O. Brown, M. D.

(Address) 13255-Grand

STATEMENT BY LICENSED EMBALMER

I, Thomas J. Finnan, Licensed Embalmer No. 1197

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

Jack Keller

L. E. 3880

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

Signed

Thomas J. Finnan

Licensed Embalmer No. 1197

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.)