

REC'D AUG 19 1939

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

26734

Do not use this space.

1. PLACE OF DEATH *St. Louis*

(a) County *St. Louis* Registration District No. *781*

(b) Township *Deacon* Primary Registration District No. *6027*

(c) City..... (d) Street No. Registered No. *7*

(e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *230 Still birth*

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 7th, 1939</i>			
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation	
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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Mary, Mo.</i>			
13. NAME <i>Jos. A. Vogt</i>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>			
15. MAIDEN NAME <i>Eileen M. Rausse</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Nashville, Tenn.</i>			
17. INFORMANT (ADDRESS) <i>Jos. A. Vogt, St. Mary, Mo.</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Mary, Mo.</i> DATE <i>7/7-1939</i>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>None</i>			
20. FILED <i>7/7-1939</i> <i>Holly Thomas</i> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-7-1939*

22. I HEREBY CERTIFY, That I attended deceased from *on 7-7-1939*

I last saw *on 7-7-1939* Death is said to have occurred on the date stated above, at *8:40 a.m.*

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

Still birth

(Promotion birth 7 months)

Date of onset

Other contributory causes of importance:

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 *Accidental death* M. D.

(Signed) *Derryville, Mo*

765 (Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.