DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33028

Registration District No. 780 — Primary Registration District No. 4466 — Registrar's No. 44

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City ~~or town~~ Ste. Genevieve (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste Gen.

(c) City ~~or town~~ Ste. Genevieve (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EFFIE L. VOGT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 17 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	23	hr. 10 min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name EMILE P VOGT
13. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name MARTHA E DUDLEY
15. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Irene G. Vogt

(b) Address Ste. Genevieve, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Sept 13 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Ste. Genevieve Mo

18. (a) Signature of funeral director Leo C. Baeler

(b) Address Ste. Genevieve Mo

19. (a) Sept 13/40 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1940 to Sept 10, 1940 that I last saw her alive on Sept 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	
Pulmonary Congestion	
Due to: Tuberculous enteritis	10 days
Due to: " dysentery	
Pulmonary T.B.	20 yrs
Other conditions (Include pregnancy within 3 months of death): Cholecystitis Ch.	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature [illegible] (M. D. or other) Md

Address Ste Genevieve MO. Date signed Sept 12-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

OCT 1950

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 Leo C. Basler, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste Genevieve Mo

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.