

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15870

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 934

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Reverend Garden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bellefontaine Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town R. Garden (If outside city or town limits, write "RURAL")
(d) Street No. Bellefontaine Rd. Box #138 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year _____ hour 2 minute 56 M.
21. I hereby certify that I attended the deceased from July 2 1941 to July 20 1941 that I last saw him alive on July 2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 13th

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____
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) _____
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ernest Ross (M. D. or other) _____
Address 1918 East Grand Date signed _____

3. (a) PRINT FULL NAME Julius O. Vogt

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clara M. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 6th, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 yrs 7 26 hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. C. Vogt
13. Birthplace Pittsburg, Pa. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Koch
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara V. Kaeser

(b) Address 110 Ely Place, Madison, Wis.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.

(b) Address 3402 N. Kingshighway

19. (a) MAY - 3 1941 (Date received local registrar) (b) R. Meyer (Registrar's signature)

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

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. 2971

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.