

FILED SEP 23 1942

State File No. \_\_\_\_\_  
Registrar's No. **7695**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4028 N. 22nd. /**  
(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

3. (c) PRINT FULL NAME **Herman Vogt**

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

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

6. (b) Name of husband or wife **Louise Beumer** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 18 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>3</b>	<b>26</b>	_____ hr. _____ min.

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

10. Usual occupation **Custodian**

11. Industry or business \_\_\_\_\_

12. Name **Casper Vogt**

13. Birthplace \_\_\_\_\_ **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Wehmüller**

15. Birthplace \_\_\_\_\_ **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Herman Vogt**

(b) Address **4028 N. 22nd.**

17. (a) **Burial** (b) Date thereof **Sept. 16, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem**

18. (a) Signature of funeral director **Boiderwieden F. Home Inc.**

(b) Address **1936 St. Louis Ave.**

19. (a) **SEP 15 1942** (b) **J. F. Bruders**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **297**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4028 N. 22nd.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13**  
year **1942** hour **11** minute **45 p.m.**

21. I hereby certify that I attended the deceased from **Sept 13** to **Sept 13**, 19**42**  
that I last saw him alive on **Sept 13**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerotic Heart disease** **1 yr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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) \_\_\_\_\_  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature **Chas. Vogt** (M. D. or other) **MD**  
Address **3500 N. Grand** Date signed **9-15-42**

Mr. Jost  
3500 N. Grand  
1-3.

**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.....

*Melvin J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**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, fact should be so stated above.**