S. No. 2
M—5-42
5-17-39
I X32873

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3586

Registration District No. 784 Primary Registration District No. 280 Registrar's No. 216

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 1/10/43. (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 13

(c) City or town Overland 1
(If outside city or town limits, write "RURAL")

(d) Street No. 9740 Gerling Place
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 0

3. (a) PRINT FULL NAME Herman C. Vogt

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 494-07-0376

4. Sex male

5. Color or race white

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

6. (b) Name ~~of husband or~~ wife Hazel

6. (c) Age of ~~husband or~~ wife if alive 43 years

7. Birth date of deceased January (Month) 12, (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	0	17	hr. 0 min.

9. Birthplace Boone County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Machinist

11. Industry or business -

FATHER
12. Name Herman Vogt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Pauline Winkler
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 2-43 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director C. H. Hoffmeister N. L. Co.
(b) Address 7814 S. Broadway

19. (a) (Date received local registrar) (b) C. H. McHarg M (Registrar's signature)

FEB 1 1943 707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th, year 1943 hour 10:10 minute a.M.

21. I hereby certify that I attended the deceased from January 10, 1943 to January 29, 1943; that I last saw him alive on January 29, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of right tonsil and glands of neck.	Abt. 2 yrs
Due to -	
Due to -	
Other conditions None. (Include pregnancy within 3 months of death)	

45 f

Major findings:
Of operations No operations.
Of autopsy Autopsy not granted.

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? George J. Epp (e) Means of injury

23. Signature GEORGE J. EPP, M.D. (M. D. or other)
Address Acting Chief Medical Officer Date signed 1/29/43.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 194

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 Louis C. Wolfmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Wolfmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.