S. No. 2
M—5-42
5-17-39
1 X32873

36
6
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 716

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 10189

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution:
None. ~~xxxxxxxxxxxx~~ W. Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Missouri (b) County Franklin 6

(c) City or town Washington 2
(If outside city or town limits, write "RURAL")

(d) Street No. ~~826 Edith St.~~ W. Main St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country X 0

3. (a) PRINT FULL NAME Catharine Wilhelmine Vogt.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Henry August Vogt.

6. (c) Age of husband ~~XXXXX~~ if alive 82 years

7. Birth date of deceased May (Month) 17th. (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	10	4	hr. min.

9. Birthplace Unknown. (City, town, or county) Germany. 4 (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

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

MOTHER
14. Maiden name Catharine Wilhelmine Stroetker.
15. Birthplace Unknown. (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mrs. Emil F. Schmidt

(b) Address 826 Edith St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1943. (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.,

(b) Address Washington, Mo.

19. (a) 3/22/43 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st.
year 1943 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 3, 1943 to Mar 21, 1943
that I last saw her alive on Mar 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Dont know

Due to Dont know

Other conditions Hypostatic Pneumonia (Bilateral)
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no Autopsy

Duration: Dont know; 3 mos

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. R. Cutler M. D. (M. D. or other)

Address Washington, Mo. Date signed 3-22-43

1181

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

Lester H. Utt, ~~Registered Apprentice No.~~

working under my personal supervision.

Signed Lester H. Utt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.