

No. 2  
-1-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 12 1943

Registration District No. 212

Primary Registration District No. 1002

Registrar's No. 4117

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:  
3600 N. Newstead Ave.  
(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.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3600 A N. Newstead Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert E. Vogt,

3. (b) If veteran, name war No

3. (c) Social Security No. 498-01-6917

4. Sex Male

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 August 30, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>3</u>	.....hr. ....min.

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

10. Usual occupation Clerk

11. Industry or business.....

MOTHER FATHER {

12. Name Wm. Vogt

13. Birthplace Cincinnati, Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Weicher

15. Birthplace Cincinnati, Ohio.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Grace Vogt

(b) Address 3600A N. Newstead Ave.

17. (a) Burial (b) Date thereof May 5, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Paschedag- Henke

(b) Address 2825 N. Grand Blvd.

19. (a) MAY 3 1943 (b) J. J. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd  
year 1943 hour 6 minute 30A M.

21. I hereby certify that I attended the deceased from May 3 1943  
1942 to May 3 1943  
that I last saw him alive on May 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration.....

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)

(e) Means of injury.....

23. Signature [Signature] (M. D. or other) U.S.

Address 705 - [Address] signed [Signature]

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

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**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.....

*Albert G. Hoffa*

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, fact should be so stated above.**