

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15221**

Registrar's No. **65**

Primary Registration District No. **0058**

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

FILED MAY 12 1943 10

1. PLACE OF DEATH:

(a) County **St Charles**  
(b) City or town **St Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Hospital**  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St Charles**  
(c) City or town **St Charles**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**None**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 4 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**3** hr. min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name **Loyd Vogt**  
13. Birthplace **St Charles Co** (City, town, or county) (State or foreign country)  
14. Maiden name **Urna Griewe**  
15. Birthplace **St Charles Co** (City, town, or county) (State or foreign country)

16. (a) Informant **Loyd Vogt**  
(b) Address **Defiance Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 5 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **New melle mo**

18. (a) Signature of funeral director **Wentzville mo**  
(b) Address \_\_\_\_\_

19. (a) **4-4-43** (Date received local registrar) (b) **Clarence J. [unclear]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4th**  
year **1943** hour **30** minute **0** M.

21. I hereby certify that I attended the deceased from **4-4-43** to **4-4-43**  
that I last saw him alive on **4-4-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Rematorty**  
Due to **159**  
Due to \_\_\_\_\_

Other conditions **Breath holding**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **None**  
Of autopsy **No**

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 **R. H. [unclear]** (M. D. or other) **MD**  
Address **Defiance Mo** Date signed **4/5/43**

Duration **1d**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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.

**Body was not embalmed**

Signed *Maria Muschany*

Licensed Embalmer No. 2461

P. O. Address Wentzville, 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.**