

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2410 Menard Street (rear)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2410 Menard St (Rear)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

6271
000
170
3

3. (a) PRINT FULL NAME Margaret Vogt

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 6 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Vogt

(b) Address 2410 Menard St

17. (a) Burial (b) Date thereof 7/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter-Paul

18. (a) Signature of funeral director Magin - Hinderlich Co

(b) Address 3634 Travis Ave

19. (a) JUL 10 1943 (b) J. J. Medesek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 43 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 10
1941 to July 10, 1943

that I last saw her alive on July 9, 1943
and that death occurred on the date and hour stated above

Immediate cause of death Generalized Carcinoma atoxic

Due to Carcinoma of Rt Breast

Due to _____

Other conditions Hypertension
(Include pregnancy within months of death)

Major findings: Ca of Rt Breast

Of autopsy _____

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 to place) (e) Means of injury _____

23. Signature Ronald Taylor (M. D. or other) _____
Address 462 W. Taylor Date signed 7/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Frank J. Delaney*.....

Licensed Embalmer No. *2645*.....

P. O. Address *St. Louis, 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.