

FILED NOV 28 1943

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **9846**

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:
1116 Madison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life** _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1116 Madison St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

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2617
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3. (a) PRINT FULL NAME **George Michael Vogt**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **July 9, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 29 hr. min.

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

10. Usual occupation **Retired (Moulder)**

11. Industry or business **Steel Foundry**

MOTHER FATHER { 12. Name **Michael Vogt**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Gruber**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Theresa Simmons**
(b) Address **1116 Madison St.**

17. (a) **Burial** (b) Date thereof **Nov. 10, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
(b) Address **4828 Natural Bridge Blvd.**

19. (a) **NOV 10 1943** **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **8,**
year **1943** hour **6:42** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 15, 1943** to **Nov. 8, 1943**
that I last saw him alive on **Nov. 7, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis Several years**

Due to **93**
Due to **Arteriosclerosis**

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____

23. Signature **J. J. Inellig** (M. D. or other)
Address **3825 N. 20th** Date signed **11/9/43**

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

John M. Munn

Licensed Embalmer No.

4186

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.