S. No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42714

State File No.

Registration District No. ~~425~~ 161 Primary Registration District No. ~~5579~~ 5594 Registrar's No. 15-88

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: HIWAY #30 - 1 MILE SOUTHWEST HOUSE SPRINGS (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community entire lifetime 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEAR CEDAR HILL-MO (b) County JEFFERSON 56

(c) City or town RURAL - Meramec (If outside city or town limits, write "RURAL")

(d) Street No. EUREKA Mo RR#1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HOWARD LEO. VOGT

3. (b) If veteran, name war NONE

3. (c) Social Security No. 496-14-8564

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HELEN M HAHN

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased OCTOBER (Month) 10 (Day) - 1913 (Year)

8. AGE: Years 30 Months 1 Days 4 If less than one day hr. min.

9. Birthplace BYRNSVILLE JEFF. Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation STABLE HAND

11. Industry or business U.S. CARTRIDGE

FATHER
12. Name JACOB VOGT
13. Birthplace HOUSE SPRINGS (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name VIRGINIA ARMSTRONG
15. Birthplace CEDAR HILL (City, town, or county) Mo (State or foreign country)

16. (a) Informant Helen Vogt

(b) Address Eureka Mo RR#1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 17 (Month) - 1943 (Day) (Year)

(c) Place: burial or cremation LOCAL CEMETERY

18. (a) Signature of funeral director J. Brunner

(b) Address House Springs Mo

19. (a) 15 NOV 1943 (Date received local registrar) (b) J A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th year 1943 hour 11:30 P.M. minute P M.

21. I hereby certify that I attended the deceased from Coroner Inquest, 19 to , 19 ; that I last saw he alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental collision with ~~another~~ truck

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: instant

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) accident

(b) Date of occurrence November 14 1943

(c) Where did injury occur? Near House Spring Jefferson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public state hr - way (Specify type of place)

While at work? (e) Means of injury auto. wreck

23. Signature Walter E. Gilbert Jr. (M. D. or other)

Address DeSoto, Mo. Date signed 11/15/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1948

DEC 2 9 1943

OCT 2 1948

NOV 6 1944

JAN 6 1945

MAR 14 1958

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 J. H. Brimmer

Licensed Embalmer No. 1470

P. O. Address House Springs, 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.