

FILED FEB 4 1944
Registration District No. 1318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 1011

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:
Stone Nursing Home 4373 N. Pine
(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)

3. (a) PRINT FULL NAME Sophia Caroline Vogt

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

4. Sex Female 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 July 9 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 20 hr. min.

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Vogt
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Fisher
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant August E. Vogt
(b) Address Warrenton, Missouri

17. (a) Burial (b) Date thereof 1-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 31 1944 (b) J. F. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Warrenton (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1944 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Dec. 30
_____, 1944 to Jan. 29, 1944

that I last saw her alive on Jan. 28, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration 1 Day

Due to Arteriosclerosis / Heart Disease 4 years

Due to and Hypertension 4 years

Other conditions Hemiplegia (left side) (old) 4 years
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury _____

23. Signature J. Brennan M.D. (M. D. or other)

Address 519 University Club Bldg. Date signed 1/2/44

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Albert J. Hupp* *Q 97*

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.