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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12257**

FILED APR 10 1944

Registration District No. **320**

Primary Registration District No. **6081**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RURAL UNION TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town RURAL
(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 FRANK VOGT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARGARET WEILER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 3 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name ANTON VOGT
13. Birthplace GERMAN
(City, town, or county) (State or foreign country)
14. Maiden name SOPHIA PFAFF
15. Birthplace GERMAN
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. H. Vogt
(b) Address Wingaster Mo RR#1

17. (a) Burial (b) Date thereof 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wingaster Mo

18. (a) Signature of funeral director Geo. C. Bessler
(b) Address 116 Seneca Mo

19. (a) April 5 44 (b) New York Kansas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2
year 1944 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 1940, to April 2, 1944,
that I last saw him alive on March 22, 1944,
and that death occurred on the date and hour stated above

Immediate cause of death Acute Cardiac Disturbance
Pulmonary edema
Coronary atherosclerosis
Chronic Hypertrophy
Chronic Nephritis
Chronic Myocarditis
Arteriosclerosis
Prostatic Hypertrophy
Diabetes Mellitus
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
1218

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Geo. C. Bessler (M. D. or other) MD
Address Seneca Mo Date signed 4-24-44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Sanitary Health Officer No. 4
District File Number 444 - 3687
Date Filed 4-8-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lea C. Baskin

Licensed Embalmer No. 1985

P. O. Address St. Lawrence M.

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.