

**FILED AUG 8 1948**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**6725**

**1. PLACE OF DEATH:**

- (a) County St. Louis, Mo  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

BARNES HOSPITAL  
(If in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 26 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Henry Vogt

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married

- (b) Name of husband or wife Rose Merod  
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan. 12, 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Clair Costhoke Twsp Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocery Salesman

11. Industry or business \_\_\_\_\_

12. Name Peter Vogt

13. Birthplace not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Koch

15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Rucke

(b) Address East St. Louis Ill

17. (a) burial (b) Date thereof Aug. 4, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas Rucke

(b) Address East St. Louis, Ill

19. (a) AUG 2 1944 J. Z. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 708 N. 37th. St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country 2

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 1  
year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 7, 1944 to August 13, 1944  
that I last saw him alive on August 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 12 hrs

Due to Thrombophlebitis 8 days

Due to Carcinoma of stomach 1 year

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) H/O

Major findings: Of operations Carcinoma of stomach PHYSICIAN \_\_\_\_\_

Of autopsy Same 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 Gordon F. Moore (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed \_\_\_\_\_

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

MOTHER FATHER

**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.....

*Chas M. Burke*

Licensed Embalmer No.....

*2421*

P. O. Address.....

*Exp St Louis Ill*

**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.**