

FILED JAN 20 1945
318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Charles T. Vogt

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

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

6. (b) Name of husband or wife Catherine Vogt 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 4 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Vogt

13. Birthplace Augusta Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Smith

15. Birthplace Augusta Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Merill Kruger

(b) Address Defiance, Mo.

17. (a) Burial (b) Date thereof 1-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Defiance, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) JAN 9 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Wentzville
(If outside city or town limits, write "RURAL") NR
(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 8
year 1945 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 3
1944 to Jan 8 1944
that I last saw him alive on Jan 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by lig. hernia (left) Duration 24 hrs

Due to Pre existing lung hernia I don't know

Other conditions 7/2/44
(Include pregnancy within 3 months of death)

Major findings: Strangulation of Small Intestine
Of operations _____
Of autopsy none

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) _____
(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 John H. Homan (M. D. or other) _____
Address Metropolitan Bldg. Date signed 1/8/45

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

0-2
1-13
7-39
C37823

FEB 1 1949

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..... *Albert G. Happe*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.