

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 10 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1916**

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **19**

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

**1. PLACE OF DEATH:**  
(a) County Cape Girardeau  
(b) City or town "  
(c) Name of hospital or institution: St. Francis Hosp.  
(d) Length of stay: In hospital or institution 1 wk.  
In this community air life 0 years, months or days

**3. (a) PRINT FULL NAME:** FRANK VOGT  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased OK (Month) (Day) (Year)

**8. AGE:** Years 68 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Retired

**MOTHER FATHER**  
11. Industry or business Retired  
12. Name unk  
13. Birthplace unk (City, town, or county) (State or foreign country)  
14. Maiden name unk  
15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Lynch  
(b) Address Cape Girardeau Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-45 (Month) (Day) (Year)  
(c) Place: burial or cremation Farmington Cemetery  
18. (a) Signature of funeral director Joe G. Howell  
(b) Address Cape Girardeau Mo  
19. (a) 1-26-45 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Cape  
(c) City or town Cape Girardeau  
(d) Street No. Minnesota Ave  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Jan day 17 year 1945 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 1-10 to 1-17, 1945  
that I last saw him alive on 1-17, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Ph. Myocarditis

Due to Ph. Myocarditis  
Due to Ph. Myocarditis  
Other conditions Ph. Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: 131b  
Of operations  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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 WD  
23. Signature G. H. Phelps (M. D. or other)  
Address Cape Girardeau Date signed 1/24/45

RECEIVED

District Health Officer No. 4  
District File Number 245-221  
Date Filed 2-7-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.