S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15681 4656

FILED JUN 9 1945

Registration District No. 45318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(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: FIRMIN DESLOGE HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON 0 50

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR HOUSE SPRINGS Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) NR

If yes, name country — — — —

3. (a) PRINT FULL NAME JACOB VOGT

3. (b) If veteran, name war — — —

3. (c) Social Security No. — —

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife DECEASED

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCT (Month) 20, (Day) 1861 (Year)

8. AGE: Years 83 Months 7 Days 5 If less than one day hr. min.

9. Birthplace NEAR ANTONIA Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name GEORGE VOGT
13. Birthplace ? GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY BURGAN
15. Birthplace NEAR ANTONIA Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ALBERT WUERTZ
(b) Address HOUSE SPRINGS Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation LUTHERAN CEM. ANTONIA, Mo

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK Mo

19. (a) MAY 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1945 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left Hip Arteriosclerosis, when he fell in the yard at his home in House Springs Mo. On or about May 18 1945 about 5:30 P.M.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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:

(a) Accident, suicide, or homicide (specify) Accident 50

(b) Date of occurrence May 18 1945

(c) Where did injury occur? House Springs Mo
(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)

While at work? (e) Means of injury to above

23. Signature [signature] (M. D. or other)

Address Dyer Date signed 6/20/45

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur W. Heilington

Licensed Embalmer No. 3872

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.