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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21421

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1532

1. PLACE OF DEATH:

(a) County St/ Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7322 Burrwood Dr. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 79

(a) State Mo. (b) County Perry

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

(d) Street No. 108 So. Church St. /
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELLEN VOGT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Charles H. Vogt

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

7. Birth date of deceased Aug. 3, 1868
(Month) (Day) (Year)

8. AGE: Years 76 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Perry County, Mo. /
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Kraeter
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Tucker
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. T. Davis
(b) Address 7322 Burrwood, Dr.

17. (a) burial (b) Date thereof June 12, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd., St. Louis

19. (a) JUN 12 1945 (b) E E McCauron MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1945 hour 8:15 minute P.M.

21. I hereby certify that I attended the deceased from april 20, 1945, to June 9, 1945
that I last saw her alive on 6-9, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 yr.
Due to Myocarditis	6 yrs.
Due to Hypertension 93d	7 yrs
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature Herman J. Kloeckler (M. D. or other) MD

Address 9621 Gaffelad Rd. Date signed 6-10-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kloecker - St. John's Hospital
307 So. Euclid

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.