

Registration District No. _____ Primary Registration District No. **1003**

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:
3605 North Newstead Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 years** (Specify whether
In this community **45 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 10**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17 9**
(d) Street No. **3605 North Newstead Avenue** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12**
year **1945** hour **7** minute **30** AM
M.

21. I hereby certify that I attended the deceased from **Oct. 1935**
Sept 12 - 1945
that I last saw her alive on **Sept 10 - 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **2 weeks**
Due to **Coronary Sclerosis**

Due to **61**
Other conditions **Prostate Metastasis** **5 yrs.**
(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?

While at work? (Specify type of place) (e) Means of injury _____
23. Signature **Louis J. Quilley** (M. D. or other) **MD**
Address **3820 9th St. Longton** Date signed **9-12-45**

3. (a) PRINT FULL NAME **EMMA K. 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 **Widow**

6. (b) Name of husband or wife **Philip C. Vogt** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **April 8, 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 4 hr. min.

9. Birthplace **Frieberg Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Bernard Koesterer**

13. Birthplace **Frieberg Illinois /**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Reinheimer**

15. Birthplace **Frieberg Illinois /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Parry F. Schippers**

(b) Address **3605 North Newstead Avenue**

17. (a) **Burial** (b) Date thereof **9/14/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 Ea st Fair Avenue**

19. (a) **SEP 12 1945** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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

00
17
9

SEP 25 1945

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.

*Embalmer's
Certificate
Filed
Apprentice*

Signed.....

Licensed Embalmer No.....

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.