S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3225

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1042

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 521

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5504 BEACON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NIL (Specify whether
In this community 54 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 717
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5504 BEACON 9 18
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY VOGT

3. (b) If veteran, name war NIL

3. (c) Social Security No. 492-09-7582

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATHERINE VOGT

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased NOV. (Month) 11 (Day) 1891 (Year)

8. AGE: Years 54 Months 2 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation NIGHTWATCHMAN

11. Industry or business INSURANCE CO.

FATHER
12. Name HENRY VOGT II
13. Birthplace UNKNOWN (City, town or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name JOHANNA BITTERS
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant KATHERINE VOGT
(b) Address 5504 BEACON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM.

18. (a) Signature of funeral director SUEDMEYER & SONS
(b) Address 3934 N. 20TH ST.

19. (a) JAN 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 15TH year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Jan 15, 1946 that I last saw him alive on Jan 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Embolus cerebral artery — Duration

Due to Nephritis & Uremia

Due to Arteriosclerosis

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 [illegible] M.D. (M. D. or other)
Address 1918 [illegible] Date signed

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 2626 a Union Bl

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.