

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 31 1946

STANDARD CERTIFICATE OF DEATH

State File No. 8039  
Registrar's No. 1704

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4423 Blair Ave  
(d) Length of stay: In hospital or institution None  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4423 Blair Ave  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Edward A. Vogt  
(b) If veteran, name war None (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 17th  
year 1946 hour 11:15 PM minute M.

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myra J. Vogt nee Hellersmann  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 28, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18 1945 to Feb. 17 1946  
that I last saw him alive on Dec 17 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
57 10 20 hr. min.

Immediate cause of death: Chronic Myocarditis 5-1-45  
Due to: Coronary Disease 5-1-45

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

Due to: Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name August Vogt  
13. Birthplace St. Louis Mo. 0  
14. Maiden name Unknown  
15. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Myra J. Vogt  
(b) Address 4423 Blair Ave  
17. (a) Burial (b) Date thereof 2/20/46  
(c) Place: burial or cremation Valhalla Cemetery  
(Month) (Day) (Year)

While at work? (Specify type of place) (c) Means of injury  
23. Signature (Registrar's signature) Address 350 W. Grand St. Date signed 2-20-46

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave  
19. (a) FEB 20 1946 (Date received local registrar) J. F. Brueck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

6989

**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 William G. Burkholder  
Licensed Embalmer No. 2110  
P. O. Address St. Louis, 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.**