No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43065

FILED DEC 23 1946

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10899

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: City Infirmary Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution May 25 1945 To (Specify whether years, months or days)

In this community December, 17 1946

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY VOGT.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-03-1625

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Laura Vogt nee Rellmann

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 6 (Day) 1879 (Year)

8. AGE: Years 67 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business

FATHER 12. Name Henry Vogt. 0

13. Birthplace Missouri. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Sarah Kruse.

15. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

16. (a) Informant City Infirmary Records.

(b) Address 5800 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) DEC 19 1946 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 17 year 19 46 hour 10 minute 50p.M.

21. I hereby certify that I attended the deceased from May 25, 1945 to December 17, 1946 that I last saw him alive on December 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia from Gangrene of	
Due to rt. leg and foot.	6 wks.
Due to	
Cerebral thrombosis with left	
Other conditions hemiplegia (Include pregnancy within 3 months of death)	1945

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 0

23. Signature Palmer Bussen Bowdish (M. D.)

Address 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.....

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

working under my personal supervision.

Signed. Gustav W. Dieterl

Licensed Embalmer No. 4329

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.