S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7153

Registration District No. 318 | Primary Registration District No. 100 | Registrar's No. 1054

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: Park Lane Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jefferson 50
(c) City or town: Near House Springs 0 (If outside city or town limits, write "RURAL")
(d) Street No.: Rural 0 (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME: Charles Wm Vogt
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 17 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	7	hr. min

9. Birthplace: Gy (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Paint Mfgr
12. Name (Father): Fred Vogt
13. Birthplace: Gy (City, town, or county) 4 (State or foreign country)
14. Maiden name (Mother): Marie Stehrmacher
15. Birthplace: Gy (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Walter Vogt
(b) Address: House Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highridge Mo
18. (a) Signature of funeral director: Rowland Mortuary Service
(b) Address: 4104 Manchester
19. (a) FEB 2 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1948 hour 4:15 minute P M.
21. I hereby certify that I attended the deceased from January 14, 1948 to January 24, 1948 that I last saw him alive on January 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Right
Due to: Hypertension	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): 0	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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: H. C. Bruce M.D. (M. D. or Coroner)
Address: 4930 Lindell Blvd. Date signed 1/26/48

Jefferson City Printing Co. (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 Ronald O Yehnke

Licensed Embalmer No. 3917

P. O. Address OL

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.