

No. 300
M-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10786
State File No. 2474
Registrar's No.

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: 6444 Marquette
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(d) Street No. 6444 Marquette
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary E Vogt
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mch day 10 year 1948 hour 3 minute A
21. I hereby certify that I attended the deceased from March 9 to March 10, 1948
that I last saw her alive on March 10, 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John Vogt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 17 1881 1881

Immediate cause of death Cerebral Haemorrhage Duration 7 hours

8. AGE: Years 66 Months 9 Days 23 If less than one day hr. min.

Due to Hypertension
Due to
Other conditions Arterio Sclerosis

9. Birthplace Affton Mo.

10. Usual occupation Housework

11. Industry or business self

12. Name Joseph Engelhart

13. Birthplace Germany

14. Maiden name Unknown Germany

15. Birthplace
16. (a) Informant Lydia Stedman
(b) Address 6444 Marquette

Major findings: Of operations
Of autopsy

17. (a) burial (b) Date thereof 3-13-1948
(c) Place: burial or cremation Rolla Mo Rowland Mortuary Service

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?

18. (a) Signature of funeral director
(b) Address 4104 Manchester Ave.

19. (a) (Date received local registrar) MAR 12 1948 (b) J. F. Bronck (Registrar's signature)

23. Signature Paul K. Webb (M. D. or other) MD
Address 721 Olive St Date signed 3-10-48

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

10
17
9

110
17
9
0

PHYSICIAN
Underline the cause to which death should be charged statistically.

2474

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 J. Allan Davis Jr
Licensed Embalmer No. 4350
P. O. Address Offonia MD

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.