S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10935

Registration District No. 377

Primary Registration District No. 3068

Registrar's No. 742

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Mapelwood, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7479 Flora 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin 36
(c) City or town Labadie, Mo
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Marie Vogh
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John G. Vogh (deceased)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 4 (Month) 1859 (Day) (Year)

8. AGE: Years 89 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Bethlehem, Warren Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Thee
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Duebbert
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Wm. E. Rosenteeter
(b) Address 7479 Flora - Mapelwood, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo
18. (a) Signature of funeral director Newburg & Vitt Inc
(b) Address Washington Mo
19. (a) 3-20-48 (Date received local registrar) (b) Beal A. J. Harp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 19
year 1948 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 16, 1948, to march 19, 1948
that I last saw her alive on march 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 month
Due to — 83a	
Due to —	
Other conditions general arteriosclerosis (Include pregnancy within 3 months of death)	years

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 —

23. Signature Vincent F Townsend (M. D. or other) MD
Address 3101a Sutton ave Maplewood Mo Date signed 3.19.48

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 Mrs ..... Registered Apprentice No. ..... working under my personal supervision.

Signed A. J. Mieburg

Licensed Embalmer No. 2387

P. O. Address Washington, 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.