

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6778  
1637

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

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO.		Registrar's No. 1637		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE OF DECEASED LIVED. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION enroute to City Hospital # 1				d. STREET ADDRESS (If rural, give location) 4437 Anderson Ave				
3. NAME OF DECEASED (Type or Print) Oscar			a. (First)			b. (Middle)		
c. (Last) Vogt			4. DATE OF DEATH February 20 1949			5. SEX Male		
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			8. DATE OF BIRTH December 31 1889		
9. AGE (In years last birthday) 59			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Work			11. BIRTHPLACE (State or foreign country) Chicago Ills		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME August A. Vogt			13b. MOTHER'S MAIDEN NAME Anna Marie Hub		
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT'S SIGNATURE OR NAME Anna Vogt			ADDRESS 4437 Anderson Ave			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 9/4a 4201		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:05 A m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick E. Paylor Coroner's			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 2-21-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Feb 25 1949			24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 21 1949 J. B. Farster			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		
ADDRESS 4828 Nat Bridge Blvd			(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed *John A. Mlesina*

Licensed Embalmer No. *4186*

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.