

FILED DEC 5 1949

STANDARD CERTIFICATE OF DEATH

37766

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 808

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - WERAMER</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> | |
| c. LENGTH OF STAY (in this place) <u>74 DAYS</u> | | d. STREET ADDRESS (If rural, give location) <u>8018 BONHOMME</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill (N. E. MARI.)</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1949</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>VOGT</u> c. (Last) <u>VOGT</u> | | 5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>JAN. 2, 1876</u> | | 9. AGE (In years last birthday) <u>73</u> 10. MONTHS <u>10</u> 11. DAYS <u>21</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LANDSCAPE GARDENER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>EDWARD VOGT</u> | | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE BOHN</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>CATHERINE STUDD</u> | | 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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Roth, 827 St. Joseph's Hill Surf Center</u> | | ADDRESS | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CARCINOMA BUCCAL MUCOSA INTO PTERCYOID lesion</u> DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>144X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>9/12</u> , 1949, to <u>11/21</u> , 1949, that I last saw the deceased alive on <u>11/21</u> , 1949, and that death occurred at <u>7:15 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. J. ...</u> (Degree or title) | | 23b. ADDRESS <u>3155 9th. ... St. Louis, Mo.</u> | |
| 23c. DATE SIGNED <u>11/23/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/26/49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 25, 49</u> | | REGISTRAR'S SIGNATURE <u>Phil J. Kirk 145</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Gopp, Inc.</u> | | ADDRESS <u>Luhnow, Mo.</u> | |

JAN 31 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 11/28/49

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.

Student
Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.