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

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39567

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3066 Registrar's No. 7424

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 2 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Marine Hospital, Kirkwood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Genevieve
d. STREET ADDRESS (If rural, give location): Star Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Phillip
c. (Last): Vogt

4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Apr. 13, 1908
9. AGE (In years last birthday): 41 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand
10b. KIND OF BUSINESS OR INDUSTRY: Father's farm
11. BIRTHPLACE (State or foreign country): Coffman, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Andrew W. Vogt
13b. MOTHER'S MAIDEN NAME: Josephine Gegg
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Clinical records of U.S. Marine Hosp.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, gastro-intestinal tract — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cirrhosis of liver — 1 yr.+
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 581.0

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 581.0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 13, *1949*, *to* Nov. 15, *1949*, *that I last saw the deceased alive on* Nov. 15, *1949*, *and that death occurred at* 7:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Sage, M.D. W. H. Sage, A. Surg.
23b. ADDRESS: U.S. Marine Hospital, Kirkwood
23c. DATE SIGNED: Nov. 16, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-16-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ste. Genevieve, Mo.

DATE REC'D BY LOCAL REG.: Nov. 16, 1949
REGISTRAR'S SIGNATURE: Herbert R. Moeller, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington 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.

Student _____
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.