

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25433  
6497

State File No. ....  
Registrar's No. ....

FILED JUL 28 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3705a Hereford St.		d. STREET ADDRESS (If rural, give location) 3705a Hereford St.		2149 8	
3. NAME OF DECEASED (Type or Print) HENRY		a. (First) J.		b. (Middle) VOGT	
c. (Last)		4. DATE OF DEATH July 18 1951		(Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sep't. 26, 1877		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sup't. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Moloney Elec. Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
13a. FATHER'S NAME Joseph Vogt		13b. MOTHER'S MAIDEN NAME Julia Kalisch		14. NAME OF HUSBAND OR WIFE Agnes K. Vogt	
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.		17. INFORMANT'S SIGNATURE OR NAME Agnes K. Vogt	
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) <i>Uremia</i> ANTECEDENT CAUSES <i>Carcinoma Prostate</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>metastasis to Bone marrow</i> DUE TO (b) 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		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	
22. I hereby certify that I attended the deceased from <i>July 3, 1951</i> , to <i>July 18, 1951</i> , that I last saw the deceased alive on <i>July 17, 1951</i> , and that death occurred at <i>7:05 P.M.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>Edward E. Selton</i>		23b. ADDRESS <i>1115 Paul Brown Bldg</i>		23c. DATE SIGNED <i>7-20-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ( )		24b. DATE July 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>J B Paruta</i>			
DATE RECEIVED BY LOCAL REGISTRY JUL 20 1951		25. FUNERAL DIRECTOR'S ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.