

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10709

FILED MAR 22 1952

State File No. ....  
Registrar's No. .... 1751

BIRTH NO. .... 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> <i>2019</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>915 Koeln Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>915 Koeln Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) c. (Last) <b>Vogt.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22, 1952</b>
--	---

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 20, 1893</b>	9. AGE (In years last birthday) <b>58</b> Months <b>7</b> Days <b>2</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>sheet metal</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Natl. Refrig.</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--------------------	-------------------------------	---	---------------------------------------	---	---	--	--	---

13a. FATHER'S NAME <b>George Vogt</b>	13b. MOTHER'S MAIDEN NAME <b>Kunkel</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Vogt</b>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY # <b>489010830</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anna Vogt, 915 Koeln</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Chronic</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c) <b>Arteriosclerosis of liver</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis of liver</b>		2. yrs	

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? <b>4221</b>
--	--	--

22. I hereby certify that I attended the deceased from **Sept 10, 1950**, to **Feb. 22, 1952**, that I last saw the deceased alive on **Feb 22, 1952**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>7702 Army Ln</b>	23c. DATE SIGNED <b>2/23/52</b>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/26/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Demary 23, Mo.</b>
---	--------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 25 1952 [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Fendler Und. Co. 7420 Michigan</b>
--	--

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

Dripps

---

---

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 *Jervis Williamson*

Licensed Embalmer No. 3565

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.