

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20966

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5584 Registrar's No. 62

500  
3

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

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>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR #1 MERAMEC</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>FUREKA RR#1 (BIG RIVER)</u>		d. STREET ADDRESS (If rural, give location) <u>FUREKA 0500 A</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VINNIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>VOGT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1937</u>
---	------------------------	-----------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 15-1907</u>	9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	---	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>WILLIAM D JINKS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA BEREMANN</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS VOGT</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-05-9738</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Vogt</u> ADDRESS <u>Eureka Mo. RR#1</u>
--	--	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accidental drowning in Big River near Brynestille, Brown Co. Mo.</u> DUE TO (c) <u>as Big River Hill.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9298</u> <u>42</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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec Jefferson Mo.</u>
--	--	--

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? <u>Slipped in hole in Big river</u>
--	--	--

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 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Long Coroner</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>RR #1 Ne. 10th Mo</u>	23c. DATE SIGNED <u>6/28/37</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>6/28/37</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7/5/52</u>	REGISTRAR'S SIGNATURE <u>Ruth Gira 438</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom M. Dimmer</u> ADDRESS <u>House Springs Mo</u>
--	--	---

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED JUL 7 1952

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 *John W. Binner* \_\_\_\_\_

Licensed Embalmer No. *1470* \_\_\_\_\_

P. O. Address *House Springs 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.