S. No. 300
v. 10.48

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26534

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1912

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
c. LENGTH OF STAY (in this place): 6 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~5590 Pershing Ave~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ~~[illegible]~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis City 2129
d. STREET ADDRESS (If rural, give location): 5590 PERSHING AVE

3. NAME OF DECEASED (Type or Print)
a. (First) HARRY
b. (Middle) H.
c. (Last) VOGT

4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-14-1891
9. AGE (In years last birthday): 61 — 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): DRUGGIST
10b. KIND OF BUSINESS OR INDUSTRY: PHARMACY RETIRED
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: H. H. VOGT
13b. MOTHER'S MAIDEN NAME: LOUISE KERKSIECK
14. NAME OF HUSBAND OR WIFE: Alma Vogt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Elmer Cooke — ADDRESS: 522 Donne

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: 002X
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) 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* May 26, 1952 *to* July 14, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 12:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Bergman (Degree or title): M D
23b. ADDRESS: 3720 Washington Blvd
23c. DATE SIGNED: 7-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-16-52
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine
24d. LOCATION (City, town, or county): St Louis (State): Mo

DATE REC'D BY LOCAL REG.: 7-14-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: A Krou L. U. Co — ADDRESS: 2707 N Grand

SW (Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Ronald O Yahnke

Signed _____
Student Embalmer

Licensed Embalmer No. 3817

P. O. Address St Louis

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.