No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33533

FILED OCT 4 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8822

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS MO
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 21 ?
d. STREET ADDRESS (If rural, give location): 3011 MAGNOLIA

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

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 18 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT 15 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): TROUBLE MAN
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC SERV. Co
11. BIRTHPLACE (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH VOGT
13b. MOTHER'S MAIDEN NAME: MARIE WALDMAN
14. NAME OF ~~HUSBAND~~ OR WIFE: GOLDA VOGT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 493-10-8827
17. INFORMANT'S SIGNATURE OR NAME: GOLDA VOGT
ADDRESS: 3011 MAGNOLIA

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): cirrhosis liver — | INTERVAL BETWEEN ONSET AND DEATH

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: 9-10-52
19b. MAJOR FINDINGS OF OPERATION: cirrhosis liver & ascites
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 5810

22. *I hereby certify that I attended the deceased from* 9-1 1952 *to* 9-19-49 *, that I last saw the deceased alive on* 9-19-49 *, and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Cyril Costello (Degree or title): MD.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 9-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: SEPT 22 1952
24c. NAME OF CEMETERY OR CREMATORY: VALHALLA CHAPEL
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: SEP 22 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Curtis
ADDRESS: 2906 Gravois

(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 Leo J. Budde

Licensed Embalmer No. 3989

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.