

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8035

State File No.

1259

FILED FEB 25 1953

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARK PLAZA HOTEL</u>				d. STREET ADDRESS (If rural, give location) <u>5410 ARLINGTON AV.</u>			
3. NAME OF DECEASED (Type or Print) <u>EDWIN</u>		a. (First) _____		b. (Middle) <u>J.</u>		c. (Last) <u>VOGT</u>	
4. DATE OF DEATH <u>JAN 31, 1953</u>		(Month) _____		(Day) _____		(Year) _____	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 25, 1892</u>	
9. AGE (in years last birthday) <u>60</u>		10. UNDER 1 YEAR _____		11. UNDER 1 YEAR _____		12. UNDER 1 YEAR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. PACIFIC R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED W. VOGT</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE M. VOGT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>702-18-2293</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROSE M. VOGT</u> ADDRESS <u>5410 ARLINGTON AV.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 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>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>4201</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 <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title) _____				23b. ADDRESS <u>Caraway 1300 Clark</u>		23c. DATE SIGNED <u>2.3.53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW BETHLEHEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 3 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. BUCHHOLZ-KOELLER</u> ADDRESS <u>5967 W. FLOISSANT</u>			

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.

Student
Student Embalmer

Signed

Wilfred St. Buchholz

Licensed Embalmer No. *455*

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.