

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. **29261**
Registrar's No. **6628**

FILED AUG 24 1956

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6628		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 Year		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7507a Michigan Ave.				e. STREET ADDRESS (If rural, give location) 7507a Michigan Ave.				
3. NAME OF DECEASED (Type or Print) FRANCIS J. VOGT			a. (First) J.			b. (Middle) V.		
c. (Last) VOGT			4. DATE OF DEATH July 14, 1956			a. (Month) July		
b. (Day) 14			c. (Year) 1956			5. SEX Male		
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH June 15, 1917		
9. AGE (In years last birthday) 39			10. IF UNDER 1 YEAR Months _____ Days _____			11. IF UNDER 12 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator			10b. KIND OF BUSINESS OR INDUSTRY Own Business			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Arthur J. Vogt			13b. MOTHER'S MAIDEN NAME Kathryn Monohan		
14. NAME OF HUSBAND OR WIFE Alice Vogt			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2			16. SOCIAL SECURITY NO. 491-18-9169		
17. INFORMANT'S SIGNATURE OR NAME Alice Vogt, 7507a Michigan Ave.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of both lungs, involving Mediastinum.</u>			INTERVAL BETWEEN ONSET AND DEATH 9 months		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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 no surgery			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) 162 x		
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? _____		
22. I hereby certify that I attended the deceased from Mar. 21, 1956 , to July 14, 1956 , that I last saw the deceased alive on July 10, 1956 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE A. H. Peters				(Degree or title) M.D.		23b. ADDRESS 4145 a S. Grand Blvd.		
23c. DATE SIGNED 7/16/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/17/56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery,		
24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.		DATE REC'D BY LOCAL REG. JUL 16 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan Ave.		
ADDRESS _____		25. FUNERAL DIRECTOR'S ADDRESS Fendler Und. Co., 7420 Michigan Ave.						

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

Dr. Peters
4145 - La Grande
1 to 3

NOV 24 1956

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.....
Signature of Student Embalmer

Signed *W.G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Mich*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.