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300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32467

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7828

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital Length of stay in 1b 1 Wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN New Haven, 0367 Inside Limits Yes ☐ No X
d. STREET ADDRESS #2 R. R. (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Louis Middle F. Last Vogt
4. DATE OF DEATH Month Aug. Day 23 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 18, 1899
9. AGE (In years last birthday) 57
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) New Haven, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Vogt
14. MOTHER'S MAIDEN NAME Elise Karlmeyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Alma Vogt. R. R. # 2 New Haven, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH one week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolar Nephrosclerosis — ?
DUE TO (c) Giant Cell Lymphoma 446XH — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Giant Cell Lymphoma
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-13-53, to 8-23-56 and last saw ~~he~~ him alive on 8-23-56
Death occurred at 1:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE X J. L. Hoppe (Degree or title) M. D.
22b. ADDRESS 634 N. Grand Blvd.
22c. DATE SIGNED 8-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-23-56
23c. NAME OF CEMETERY OR CREMATORY Beuf Lutheran Cem.
23d. LOCATION (City, town, or county) (State) New Haven, Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington
25. DATE RECD. BY LOCAL REG. AUG 23 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1957

JUN 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Wenn

Licensed Embalmer No. 4

P. O. Address St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.