

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH42732
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11544

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis, Missouri.		c. CITY OR TOWN Ste. Genevieve <i>095/2</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. STREET ADDRESS (If outside, give location) 441 Washington	
3. NAME OF DECEASED (Type or print) First Harry Middle J. Last Vogt		4. DATE OF DEATH Month November Day 29 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Ste. Genevieve, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Vogt		13b. MOTHER'S MAIDEN NAME Odie Schaeffer	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war dates of service) Yes W.W.II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Bertha Vogt, Ste. Genevieve, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF SIGMOID WITH DIFFUSE PERITONEAL METASTASES.			INTERVAL BETWEEN ONSET AND DEATH 10 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 153x	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 10-24-57 to 11-29-57 and last saw ^{him} alive on 11-29-57 Death occurred at 12:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Henry T Cooper</i> (Degree or title) M. D.		22b. ADDRESS 1115 Paul Brown Bldg.	22c. DATE SIGNED 11-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-30-57	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. DEC 2 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> m80

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

St. Genevieve

St. Genevieve

St. Genevieve

St. Louis

St. Genevieve

St. Anthony's Hospital

St. Genevieve

St. Genevieve

St. Genevieve

DEC 17 1957
DEC 10 1957

DEC 30 1957

St. Genevieve, Missouri

St. Genevieve

St. Genevieve

St. Genevieve

St. Genevieve

St. Genevieve

St. Genevieve, Missouri

St. Genevieve

St. Genevieve

St. Genevieve

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 Elmer P. Radwell

Licensed Embalmer No. 4077
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.