

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42733

STATE FILE NUMBER
10656

FILED NOV 22 1957

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				c. CITY OR TOWN Ferguson 4000		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul				Length of stay in lb 5 days: 27		d. STREET ADDRESS 29 Oliver	
3. NAME OF DECEASED (Type or print) First Middle Last Sophia Gertrude Vogt				4. DATE OF DEATH Month Day Year Nov. 8, 1957			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 8, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		9. AGE (In years last birthday) 66	
13. FATHER'S NAME Nicholas Donze				11. BIRTHPLACE (City and state or country) Weingarten, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Fred W. Vogt, Ferguson, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage - Duodenal Ulcer Ulcer DUE TO (b) Ulcer DUE TO (c) 541.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
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.) 11-8-57		20f. CITY, TOWN, OR LOCATION 11-8-57		COUNTY STATE	
21. I attended the deceased from Apr. 1 1957 to Nov. 8 1957 and last saw her alive on Nov. 8 1957. Death occurred at 7:25 AM 7:25 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. R. Davis M.D.				22b. ADDRESS 1906 Hodiament -1506 Ferguson Mo		22c. DATE SIGNED 11/9/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-11-57		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		23d. LOCATION (City, town, or county) (State) St. Louis: County, MO.	
24. FUNERAL DIRECTOR White Chapel, Ferguson, Mo.				25. DATE RECD. BY LOCAL REG. NOV 8 '57		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes. Securing the medical certificate in the specific manner required by 193.140 makes 1934.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health & Welfare
Public Health Service
300
1-56

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 *Eleanora Porvance*

Licensed Embalmer No. 34

P. O. Address *.....*

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.