

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016815

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1061

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300 -56
Ductor, Colnary, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. An diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR **Richmond Heights** Yes No

c. CITY OR TOWN **St. Louis** Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
33 HOSPITAL OR INSTITUTION St. Marys Hosp. **30 DAYS** n **194**

d. STREET ADDRESS **4475 West Pine** (If outside, give location) Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
JEANNE N VOGT

4. DATE OF DEATH Month Day Year
April 15, 1958

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH **Sept. 1**

9. AGE (In years last birthday) **74**

IF UNDER 1 YEAR Months Days Hours Min.
IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (City and state or country)
Ohio

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Dr. Nichols

14. MOTHER'S MAIDEN NAME
unknown

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 **Clayton 24, Missouri.**
Dr. Wm. H. Vogt Jr. 15 Brookside

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **BRONCHO PNEUMONIA.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **491X**
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
EMPHYSEMA, OBSTRUCTIVE, ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH
3 DAYS

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 Month, Day, Year
a. m. p. m.

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 **FEB 12, 1952** to **APRIL 15, 1958** and last saw her alive on **APR. 15, 1958**
Death occurred at **3:35 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Herbert Sweet

22b. ADDRESS
508 N. Grand

22c. DATE SIGNED
4/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
4-17-58

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis County Missouri.

24. FUNERAL DIRECTOR ADDRESS
C.R. Kupton and Sons 7233 Delmar

25. DATE RECD. BY LOCAL REG.
4-16-58

26. REGISTRAR'S SIGNATURE
Herbert P. Danke M.D.

(1067)

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 *Clarence A. Murray*.....

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.