

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046450

STATE FILE NUMBER
11679
Registrar's No.

FILED JAN 6 1959 Registration District No. 318 Primary Registration District No. 1003

300
1-57

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Berkeley 4001 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 27 8560 Airport Rd. |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Fred W Vogt | | | 4. DATE OF DEATH Month Day Year 12-3-58 | | |
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| 5. SEX Male c | 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 10-16-20 | 9. AGE (In years, last birthday) 38 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner | 10b. KIND OF BUSINESS OR INDUSTRY Tavern | 11. BIRTHPLACE (City and state or country) Normandy, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Raymond L. Vogt | 13b. MOTHER'S MAIDEN NAME Sophia G. Donze | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) Yes World War II | 16. SOCIAL SECURITY NO. 487-14-1004 | 17. INFORMANT Anna Langhardt 2522 Helen Ave. Brentwood, |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pancreatitis, Acute Hemorrhagic</i> Conditions, if any, which gave rise to above cause (b) <i>Fatty Metamorphosis of Liver</i> Underlying cause last. <i>Diabetes Mellitus</i> DATE TO (c) <i>5-8-10</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>3 d</i> <i>unknown</i> |
| 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. | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from <i>26 Nov 58</i> , to <i>3 Dec 58</i> and last saw him alive on <i>2 Dec 58</i> Death occurred at <i>9:30 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <i>August W. Hall, MD</i> | 22b. ADDRESS <i>116th So Florissant Rd</i> | 22c. DATE SIGNED <i>3 Dec 58</i> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-6-58 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd. | 25. DATE RECD. BY LOCAL REG. DEC 4 58 | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Torrice*

Licensed Embalmer No. *3603*

P. O. Address *Jennings W*

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.