

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS AUG 27 1959**

**59-030863**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 7511**

ENDED

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 <b>St. Louis</b>			Length of stay in 1b			c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If outside, give location) <b>4334 Gibson</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			e. STATE <b>Mo.</b>		b. COUNTY
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH Month Day Year		
<b>George Joseph Vogt Sr.</b>						<b>8/10/59</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/12/94</b>	9. AGE (last birthday) <b>64</b>	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pressman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Unk</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benjamin Vogt</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Hutti</b>			14. NAME OF HUSBAND OR WIFE <b>Edna Vogt</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT <b>George J. Vogt Jr. Cahokia Ill.</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchogenic Carcinoma 6 mos.</b> DUE TO (b) _____ DUE TO (c) <b>162.1</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Peptic ulcer with hemorrhage</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
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 <b>June 22, 1959</b> and last saw him alive on <b>Aug 9, 1959</b> Death occurred at <b>Aug 10, 1959 3:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Birkli Eck</b> (Degree or title)			22b. ADDRESS <b>950 Francis Pl.</b>			22c. DATE SIGNED <b>Aug 11</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/12/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>		23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Rowland-Aker Mort. St. Louis Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>AUG 12 '59</b>		26. REGISTRAR'S SIGNATURE <b>Loal Smith, M.D.</b> <b>msc</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

Licensed Embalmer No. 4375

P. O. Address St. Louis, 23, Mo.

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.