URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8670 STATE FILE NUMBER -60-036678

NDED

1. PLACE OF DEATH a. COUNTY	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) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri-Pacific Hosp — Inside Limits Yes X No ☐	d. STREET ADDRESS (If outside, give location) 3536 A. Tennessee Ave — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: EDWARD	Middle: F.	Last: VOGT	4. DATE OF DEATH	Month 9-3-1960 Day Year
5. SEX: Male	6. COLOR OR RACE: White	7. Married X Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 7-26-1892	9. AGE (last birthday): 68 Years	IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: R.R. Worker	11. BIRTHPLACE (City and state or country): Fayetteville Ill	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Henry Vogt	13b. MOTHER'S MAIDEN NAME: Elizabeth Munies	14. NAME OF HUSBAND OR WIFE: Frieda Vogt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Frieda Vogt	Address: 3536 A. Tennessee Ave		

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 TOSIS — INTERVAL BETWEEN ONSET AND DEATH: ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): CARCINOMA of Rectum

DUE TO (c): 154X

O.K. Joseph M. Zeus Deputy Chief 9-15-60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES X NO ☐	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 a.m. p.m. Month, Day, Year		
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 9/2/60 to 9/3/60 and last saw her/him alive on

Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. C. Treuman MD	22b. ADDRESS: Mo. Pacific Hospital	22c. DATE SIGNED: 9/4/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9-6-1960	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State): Lemay Mo. M		
24. FUNERAL DIRECTOR ADDRESS: Ziegenhein Brothers 6409 Gravois Av	25. DATE RECD. BY LOCAL REG.: SEP 5 1960	26. REGISTRAR'S SIGNATURE: Carl Smith M.D.

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert J. Glass Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood Ca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.