

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035073

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. 318

ST. 26198

8282

STATE FILE NUMBER

AMENDED

FILED SEP 18 1961

Primary Registration District No. 1003

Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINIOS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN EFFINGHAM	
Length of stay in lb. 8 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWARD Middle R. VOGT Last			4. DATE OF DEATH Month 9 Day 4 Year 61
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/7/87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad worker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) EFFINGHAM, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY VOGT		13b. MOTHER'S MAIDEN NAME ANNA DRUEN	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	
16. SOCIAL SECURITY NO. UNK		17. INFORMANT FRANK VOGT (BROTHER) 309,4 EFFINGHAM, ILL.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA DUE TO (b) IMMOBILIZATION DUE TO (c) FRACTURE RIGHT HIP Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 903.7-44			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) GENERALIZED ARTERIOSCLEROSIS			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 checked="" 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.) Fell to floor	
20c. TIME OF INJURY Hour 9:20 a.m. p.m. Month, Day, Year 8-26-1961		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35 Veterans Hospital		20f. CITY, TOWN, OR LOCATION Jefferson Barracks, St. Louis Mo.	
21. VA attended the deceased from 8/27/61 to 9/4/61 and last saw him alive on 9/4/61 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William A. Burke (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 9/5/61		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-7-61	
23c. NAME OF CEMETERY OR CREMATORY St. Anthony's Cemetery		23d. LOCATION (City, town, or county) (State) Effingham, Ill.	
24. FUNERAL DIRECTOR Frank J. Bauer, Effingham, Ill.		25. DATE RECD. BY LOCAL REG. SEP 6 1961	
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Mark Embalmers, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kossly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis, 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.