

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 days
 In this community Birth (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Elmer W.H. Vogt3. (b) If veteran, name war. None 3. (c) Social Security No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Pauline Vogt nee Luttig 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased December 25, 1893
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 11 11 hr. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Vogt
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Vogt(b) Address 5653 Hamilton Ave17. (a) Burial (b) Date thereof 12/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) DEC 9 1940 (b) J. H. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5653 Hamilton Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6,
year 1940 hour 3:30 PM minute _____ M.21. I hereby certify that I attended the deceased from Dec. 4
1940 to Dec 6, 1940
that I last saw him alive on Dec. 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Embolism 2 days
mural Thrombus 2 daysDue to Mitral Stenosis Doit
knownOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. R. Munson (M. D. or other) MD
Address 5330 Geraldine Date signed 12/9/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *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 this body is not embalmed, fact should be so stated above.