

No. 2
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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9110
Registrar's No. 2520

Registration District No. 791 Primary Registration District No. 1003

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 9-days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Helen Vogt
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced S. U
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 9, 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 0 11 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business unemployment Comp. Comm.

12. Name John Vogt

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Weber

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Vogt

(b) Address 3852 Greer Ave.

17. (a) Burial (b) Date thereof 3-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 20 1941 (b) J. H. Bricker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3852 Greer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1941 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Mar 17, 1941, to Mar 20, 1941;
that I last saw her alive on Mar 19, 1941;
and that death occurred on the date and hour registered above.

Immediate cause of death, Death Cardiac Decompensative
Due to Rheumatic heart disease (mitral stenosis)
Due to Angiocardia (left lung) Embolus
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. J. ... (M. D. or other) _____
Address Calvary ... Date signed 3/20/41

Duration
2 min
checked
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.