

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State No. **32924**
Registrar's No. **9510**

FILED NOV 15 1944
318

Registration District No. _____ Primary Registration District 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:
3941 Palm Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Caroline Vogt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred W Vogt

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 10 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	2	26	
----	---	----	--

hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name William Kellerman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Steinbruegge

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Adolf Vogt

(b) Address 3941 Palm Street

17. (a) Burial (b) Date thereof Nov 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden Funl Home, Inc

(b) Address 1936 St Louis Avenue

19. (a) NOV 9 1944 (b) J. F. Brueck
(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. 3941 Palm St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 44 hour 5 minute - A M.

21. I hereby certify that I attended the deceased from Jan 6 1944 to Nov 6 1944
that I last saw him alive on Nov 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver

Due to _____

Due to _____

Other conditions Empus Volgaris of
(Include pregnancy within 3 months of death)

Major findings: free

Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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 _____

23. Signature J. F. Brueck (M. D. or other) _____

Address 4901 Easton Ave Date signed 11/6/44

Duration

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.....

[Handwritten Signature]
Licensed Embalmer No. 3737
P. O. Address 1936 S. Lewis 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.