

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10774
2839

State File No. _____
Registrar's No. _____

BIRTH NO. 49-019706 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Mo.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) U		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4263a Nat'l. Bridge		17 a		0'			
3. NAME OF DECEASED (Type or Print) Lawrence Vogt				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1949			
5. SEX U M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Mar. 26, 1949		9. AGE (in years last birthday) 36		IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. U				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Lee Vogt				13b. MOTHER'S MAIDEN NAME Rose Mary Donohue				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) no.				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lee Vogt, 4263a Nat'l. Bridge							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 6 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 159 776 in								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None				19b. MAJOR FINDINGS OF OPERATION None								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 9/26, 1949, to 9/28, 1949, that I last saw the deceased alive on 9/28, 1949, and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE F. M. Jordan						(Degree or title)			23b. ADDRESS 4500 Olive St			DATE SIGNED 9/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAR 29 1949		REGISTRAR'S SIGNATURE J. B. Sasser				GENERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly				ADDRESS Lindell Blvd.			

Frank [unclear]

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____ Signed _____
Student Embalmer

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.