

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10775
2254
Registrar's No.

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| BIRTH NO. 318 | | REG. DIST. NO. 1003 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 10775 | | Registrar's No. 2254 | | | |
| 1. PLACE OF DEATH a. COUNTY Missouri | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 3 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 4139 Peck St. | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) 4139 Peck St. | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) F. c. (Last) Vogt | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 9, 1949 | | | 5. SEX Male | | | 6. COLOR OR RACE White | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | 8. DATE OF BIRTH May 18, 1909 | | | 9. AGE (In years last birthday) (Specify) 39 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Edward Vogt | | | 13b. MOTHER'S MAIDEN NAME Lilly Quirin | | | 14. NAME OF HUSBAND OR WIFE Ella Vogt | | | | | |
| 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. 492-10-4122 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Ella Vogt | | | | ADDRESS 4139 Peck St. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ② Bronchiectasis ① Abscess rt axilla DUE TO (c) ③ Liver abscess ④ Possible brain abscess II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C. V. disease | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3-6 wks ① 10 wks | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 0552 X | | | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) X | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) X | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? X | |
| 22. I hereby certify that I attended the deceased from 2/14 , 19 49 , to 3/14 , 19 49 , that I last saw the deceased alive on 2/9 , 19 49 , and that death occurred at 5:20 P.m. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) John S. Kennedy M.D. C.M. | | | | 23b. ADDRESS 3720 Washington Blvd | | | | 23c. DATE SIGNED 3/10/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar. 12, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | | | | |
| DATE REC'D BY LOCAL REG. MAR 11 1949 | | REGISTRAR'S SIGNATURE J. B. Lasater | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. | | | | | |
| | | | | | | ADDRESS 2161 E. Fair Ave | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed _____

Student Embalmer No. _____

Signed
Student Embalmer

Licensed Embalmer No. 3737

P. O. Address 2161 E. Fair

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.