

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26985

FILED JUL 31 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6609

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>12 Hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lutheran Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>24 3448 S. Jefferson</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Arthur T. Vogt</u> a. (First) <u>Arthur</u> b. (Middle) <u>T.</u> c. (Last) <u>Vogt</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 3 1953</u>	
<b>5. SEX</b> <u>Male</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Aug 20 1891</u> <b>9. AGE</b> (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Henry Vogt</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Not Known</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Christine Vogt</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, No war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Christine Vogt</u> ADDRESS <u>3448 S. Jefferson</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hemorrhage, Severe, External Carotid Artery, Right.</u> <b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Carcinoma, Squamous Cell, Right Tonsil</u> DUE TO (c) <u>Carcinoma, Cervical, Massive, Right</u>	
<b>19a. DATE OF OPERATION</b> <u>10/10/52</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Biopsy, Right Tonsil, Squamous Cell Carcinoma.</u>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis, Liver, Severe.</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct. 9, 1952</u> , to <u>July 3, 1953</u> , that I last saw the deceased alive on <u>July 3, 1953</u> , and that death occurred at <u>3:15A m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Louis J. Birsini, M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>634 N. Grand, St. Louis 3, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>7/3/53</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	
<b>24b. DATE</b> <u>7/6/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New St. Marcus Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm. Schumacher</u> ADDRESS <u>3013 Meramec</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>JUL 3 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

No. Theater Bldg  
634 N. Grand  
St. Louis Bureau

**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 .....  
Student Embalmer

Signed Jack H. Hays  
Licensed Embalmer No. 2746

P. O. Address St. Louis

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: