

10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30008

State File No. 190
Registrar's No. 190

FILED SEP 27 1955

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Meramec Township</u>	c. LENGTH OF STAY (in this place) <u>4 hrs</u>	c. CITY OR TOWN <u>Byrnesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Springs Mo</u>		No. STREET ADDRESS (If rural, give location) <u>Meramec Township 03220</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN H.</u> b. (Middle) _____ c. (Last) <u>VOGT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1955</u>
--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept 5 - 1907</u>	9. AGE (In years last birthday) <u>No records</u>	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Mins. _____	11. IF UNDER 24 HRS. Days _____ Hours _____ Mins. _____
-----------------	-------------------------------	--	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>farm hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Antonio Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>John VOGT</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Lena Ehlers</u>	14. NAME OF HUSBAND OR WIFE <u>None Immarril</u>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie KOPF</u> ADDRESS <u>915 Meyer Ave. ST. LOUIS</u>
---	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u>		
	DUE TO (c) <u>331X</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>V. B. Edwards, M. D. Coroner</u>	23b. ADDRESS <u>Cedar Hill</u>	23c. DATE SIGNED <u>8/29/55</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Baptist Cem.</u>	24d. LOCATION (City, town, township) (State) <u>Cedar Hill Mo</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9/10/1955</u>	REGISTRAR'S SIGNATURE <u>Ruth Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wimmer Funeral Home</u> ADDRESS <u>Home Springs</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 14 1955

SEP 27 1955

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 147

P. O. Address *Home Sp...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.