

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040842
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9919

FILED OCT 29 1962

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b _____

c. CITY OR TOWN NEW HAVEN Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL Inside Limits Yes No d. STREET ADDRESS (If outside, give location) LYONN TOWNSHIP Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Year
TENA MINNIE ROSA VOGT 1962

4. DATE OF DEATH Month Day Year
OCT. 15 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH AUG. 1, 1901 9. AGE (last birthday) 61

IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (City and state or country) GERALD, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME FRED W. TEGELER 13b. MOTHER'S MAIDEN NAME ANNA SPRICK 14. NAME OF HUSBAND OR WIFE OLIVER 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. NONE 17. INFORMANT Address MR. OLIVER VOGT NEW HAVEN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary embolism & infarction Minutes? Minutes ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombophlebitis left iliac & femoral veins 463x 1 week

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic cardiovascular disease

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. _____ p.m. _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-22-62, to 10-15-62 and last saw her/him alive on 10-15-62

Death occurred at 8:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Mueller, M.D. 22b. ADDRESS 634 N. Grand Blvd. 22c. DATE SIGNED 10-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE OCT. 19 1962 23c. NAME OF CEMETERY OR CREMATORY EBENEZER STONE CEM. 23d. LOCATION (City, town, or county) (State) GERALD, MO.

24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME GERALD, MO. 25. DATE RECD. BY LOCAL REG. OCT 17 1962 26. REGISTRAR'S SIGNATURE Boat Smith, M.D.

VS 300
Rev. 4/59

1
2036068

3

4 1

5 1

6

7 0

8 1

9

10

11

12 58-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR OR TYPEWRITER RIBBON

58

OCT 29 1962

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 Ralph Altman

Licensed Embalmer No. 4808

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