MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
19242

1. PLACE OF DEATH
County St. Genevieve — Registration District No. 790
Township St. Genevieve — Primary Registration District No. 6025 — File No.
City (No. , St. , Ward) — Registered No. 24

2. FULL NAME Mary R. Hogammiller

(a) Residence. No. (Usual place of abode) St., Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wendelin Hogammiller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	4	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rivieres aux Vaches
(STATE OR COUNTRY) Louisiana

PARENTS
10. NAME OF FATHER Roman Vogt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Louisa Hegg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

14. INFORMANT Mary Hogammiller
(Address) New Offenburg Mo

15. FILED May 27, 1929 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1929, to May 26, 1929, that I last saw h... alive on May 24 1929, and that death occurred, on the date stated above, at 6 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis + Nephritis
93C
132A
97 (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. W. Lemming, M. D
5/27, 1929 (Address) Ste. Genevieve Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wenegaten Mo — DATE OF BURIAL May 28 1929

20. UNDERTAKER John Bader Ste. Genevieve Mo — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.