

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3852**  
Registrar's No. **257**

Registration District No. **206** Primary Registration District No. **6048**

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town O. Fallon, Missouri, Darden  
(c) Name of hospital or institution:  
St. Mary's Institute  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 63 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles 92  
(c) City or town O. Fallon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mother Mary Wilhelmine Vogelpohl  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 18, 1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Luzerne Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Vogelpohl  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Kiser  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. M. Corona CPPD  
(b) Address O. Fallon, Missouri

17. (a) Burial (b) Date thereof Jan 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation O. Fallon, Missouri

18. (a) Signature of funeral director H. C. Dalmeyer & Sons Co  
(b) Address 800 N. 2nd St. Charles, Mo

19. (a) Jan 30-46 (b) Ed. Reilly  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1946 hour 9:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from June 1938 to Jan 24 1946  
that I last saw her or alive on Jan 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 year  
Due to Cardiac insufficiency 3 mo.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 932  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Nicholas J. Houch (M. D. or other)  
Address O. Fallon, Mo Date signed 1/28/46

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

1983

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 2-2-46

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.....

Philip A. Miceli....., Registered Apprentice No. 388  
working under my personal supervision.

Signed..... John E. Dallmeyer  
Licensed Embalmer No. 5951  
P. O. Address..... St. Charles, 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 this body is not embalmed, fact should be so stated above.