No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 3749

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 57452

Registrar's No. 573

**1. PLACE OF DEATH:**

(a) County: St. Louis

(b) City or town: NORMANDY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: IMMACULATE HEART COVENT (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 YEAR (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: MO. (b) County: St. Louis

(c) City or town: IMMACULATE HEART CONVENT (If outside city or town limits, write "RURAL")

(d) Street No.: NORMANDY (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: WILHELMINA VOGT

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: WIDOWED

6. (b) Name of husband or wife: PETER

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: MAR (Month) 12 (Day) 1873 (Year)

8. AGE: Years 74 Months 11 Days 17 If less than one day hr. min.

9. Birthplace: WATERLOO (City, town, or county) ILL (State or foreign country)

10. Usual occupation: H. WIFE

11. Industry or business

FATHER 12. Name: HERMAN BECKERLE

13. Birthplace: COLUMBIA (City, town, or county) ILL (State or foreign country)

MOTHER 14. Maiden name: HELEN PETRI

15. Birthplace: WATERLOO (City, town, or county) ILL (State or foreign country)

16. (a) Informant: ALFRED VOGT

(b) Address: 5605 MAPLE AVE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation: WATERLOO, ILL

18. (a) Signature of funeral director: Cullen-Kelly

(b) Address: 7267 NATURAL BRIDGE

19. (a) 3-2-48 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB day 29 year 1948 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from May 1948 to Feb 27 1948 that I last saw her alive on Feb 27 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Uremia | 1 wk. |
| Due to: Chronic hypertension | 2 yrs. |
| Due to: 132 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] MD (M. D. or other)

Address: 3732 [illegible] Date signed 3/1/48

(Licensed Embalmer's Statement on Reverse Side)

3732 [illegible] Pl

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....J. Allen Davis Jr.

Licensed Embalmer No.....4053

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.**