

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36969**  
Registrar's No. **9242**

Registration District No. **7917** Primary Registration District No. **1003**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of town)  
(c) Name of hospital or institution: **JEWISH HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 DAYS**  
(Specify whether in this community **36 YEARS 6** years, months or days)

8. (a) PRINT FULL NAME **NORMAN OSCAR VEGELY**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **488-10-4009**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **COMFORT VEGELY** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **AUG-1-1877**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **8** If less than one day hr. min.

9. Birthplace **ST JOSEPH MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **ARCHITECT**

11. Industry or business **SOUTH WESTERN BELT, etc**

MOTHER FATHER  
12. Name **AUGUST VEGELY**  
13. Birthplace **ALSACE LORRAINE FRANCE**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ADELE AUGUSTIN**  
15. Birthplace **ALSACE LORRAINE FRANCE**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs N O'Veely**

(b) Address **115 MASON AVE. WEBSTER GROVES**

17. (a) **BURIAL** (b) Date thereof **NOV-11-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BELLEFONTAINE CEM.**

18. (a) Signature of funeral director **Parker and Co**

(b) Address **WEBSTER GROVES MO.**

19. (a) **NOV 11 1940** (b) **J. J. [Signature]**  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**  
(c) City or town **WEBSTER GROVES -**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **115 MASON AVE.** **NR**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **9** year **1940** hour **5** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **11/5/39** to **11/9**, 19**40**.

that I last saw him alive on **11/9**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia:** Duration \_\_\_\_\_

Due to **Malignant hypertension**  
**Cardiac decompensation**

Due to **Malignant hypertension**

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

Major findings: **1176**  
Of operations \_\_\_\_\_

Of autopsy **Enlarged ht.; nephritic changes in kidneys; duodenal ulcer**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**  
(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) (or) Means of injury \_\_\_\_\_

23. Signature **Harry [Signature]** (M. D. or other) **MD**  
Address **1045 W. Webster Bldg** Date signed **11/9/40**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 *E. C. Aldrich*

Licensed Embalmer No. 1332

P. O. Address Webster, Iowa

**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, above space should be left blank.**