

No. 300
10. 48

FILED DEC 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. **43240**
Registrar's No. **3086**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings	
c. LENGTH OF STAY (In this place) 10 Years		d. STREET ADDRESS (If rural, give location) 7100 Manette Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7100 Manette Drive		d. STREET ADDRESS 7100 Manette Drive	

3. NAME OF DECEASED (Type or Print) Mary E. Voegtli			4. DATE OF DEATH (Month) (Day) (Year) DEC 19 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 24th, 1882		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR: Months 3 Days 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leonard Lahner		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Jate William Voegtli		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Pape		18. ADDRESS 7100 Manette Dr.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 mo.	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular heart disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-1-48**, 19____, to **12-19-50**, 19____, that I last saw the deceased alive on **12-19-50**, 19____, and that death occurred at **11:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anthony V. Benincasa MD		23b. ADDRESS 6153^a Natural Bridge		23c. DATE SIGNED 12-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/22/50		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson arracks, Missouri		DATE REC'D BY LOCAL REG. 12/21/50		REGISTRAR'S SIGNATURE Herbert R. Donhe MD	
24e. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		24f. ADDRESS 4828 Natural Bridge Blvd			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD—

1000

NOV 31 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed John A. Mlman

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.