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

Do not use this space.

35465

1. PLACE OF DEATH
County St. Louis Registration District No. 791 File No. 10652
Township Mo. Primary Registration District No. 1003 Registered No.
City (No. Alexian Bros Hospital Ward)

2. FULL NAME Albert Veit
(a) Residence. No. Koeltztown, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 hours yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 3-1858
7. AGE: Years 69. Months 6 Days 23 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stone Mason 9 2/6
(b) General nature of industry, business, or establishment in which employed (or employer): 9
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS
10. NAME OF FATHER: John Veit
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: J. S. Wulff
(Address): Argyle Mo
15. FILED NOV 28 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-25 1927
17. I HEREBY CERTIFY, That I attended deceased from 11-25, 1927, to 11-25, 1927 that I last saw him alive on 11-25, 1927, and that death occurred, on the date stated above, at 10 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis
JOB
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Arterio-sclerosis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edmond F. Sassin, M. D
11-26, 1927 (Address) Alexian Bros. Hosp.

*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: Argyle Mo
DATE OF BURIAL: 11-26 1927
20. UNDERTAKER: Werck Bros
ADDRESS: 2201 So Grand

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.