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

Do not use this space.

3271

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 897

Township..... Primary Registration District No. 1003 Registered No.

City..... (No. ..... St. ..... Ward)

2. FULL NAME Robert K. Velten

(a) Residence. No. 1752 Waverly Pl. St., 73 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1924.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3		28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank J. Velten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pierce city
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Minnie Uncalf.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rushville.
(STATE OR COUNTRY) Nebraska.

14. INFORMANT Frank J Velten
(Address) 1752 Waverly Pl.

15. FILED JAN 25 1928, 19 Max C Starkoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 23, 1928 that I last saw him alive on Jan 23, 1928, and that death occurred, on the date stated above, at 4 30 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis & Acute Endocarditis.

115A
91A (duration) yrs. mos. 12 ds.

43 H CONTRIBUTORY (SECONDARY) Tonsilitis & Pharyngitis non Diphtheritic (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 109 B 2

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert J Grist, M. D

, 19 (Address) 3109 S Grand Blvd

*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	DATE OF BURIAL
St Trinity	Jan 25 1928
20. UNDERTAKER	ADDRESS
Thos. H. Beidermeier	1936 St Louis Mo

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.

THIS IS A PERMANENT RECORD