

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

Do not use this space.

13347

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1008*
St. *St. Mary's Inf.* Ward

File No.....
Registered No. *3917*
St. Ward)

2. FULL NAME

(a) Residence No. *3729 O'Meara* St., *15* Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Martha ter Veer*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 16 - 1864*

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, ... hrs. or ... min.
64 | *4* | *14*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *P. R. Clerk*
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) *Calcutta*
(STATE OR COUNTRY) *India*

10. NAME OF FATHER *J. P. ter Veer*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *India*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *India*
(STATE OR COUNTRY)

14. INFORMANT *Julius F. ter Veer*
(Address) *3729 O'Meara*

15. FILED *3729 - 1 1229* *Max C. Barker* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 30 1929*

17. I HEREBY CERTIFY, That I attended deceased from *7/11* 19*29*, to *3/30/29* 19*29*, and that (that) I was seen h. alive on *3/30/29* 19*29*, and that death occurred, on the date stated above, on *3/30/29* 19*29*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Chronic Nephritis (duration) *Indefinite* da.
CONTRIBUTORY (SECONDARY) *Posteasclerotic* (duration) *Indefinite* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
WHERE AN AUTOPT? *No*
WHAT TEST CONFIRMED DIAGNOSIS? *Physical exam*
(Signed) *J. P. ter Veer* M. D.
3/30 1929 (Address) *1536 Poplar St*

*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 *S. S. Peter & Paul Cem* DATE OF BURIAL *April 2nd 1929*

20. UNDERTAKER *Wm. Schumacher* ADDRESS *3013 Meramec*

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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RECORD

St. George 12 7.