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

Do not use this space.

10820

File No. .....

Registered No. 47

APR 24 1933

1. PLACE OF DEATH

County: St Charles — Registration District No.: 757

Township: St Joseph Hospital — Primary Registration District No.: 3026

City: St Charles (No. ..... St. ..... Ward)

2. FULL NAME: George Velich Sr

(a) Residence, No. ..... St. Paul Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ✓ mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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~~: Mrs. Geo Velich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 7-1857

7. AGE: Years 75 — Months ✓ — Days ✓4 — If LESS than 1 day, ✗ hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co. Mo.

FATHER

13. NAME: M. Velich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Beckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Geo. Velich St Paul Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: St Paul Mo. DATE: 3/5 1933

19. UNDERTAKER (ADDRESS): Eddelbly Hallow Mo

20. FILED: 3/2 1933 Ny. E. Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1933, to March 1, 1933

I last saw him alive on March 1, 1933. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 mo ago
12 B 9 B	
47	
Other contributory causes of importance:	
Arteriosclerosis	5 yrs ago

Name of operation: none — Date of: —

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B. P. Wentker, M. D.

(Address) St. Charles, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING