

FEB 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City St. Louis, Mo. (No. Pine Lawn Hospital) St. _____ Ward _____

File No. 2824
Registered No. 32

2. FULL NAME Louis Veisman

(a) Residence, No. 8935 Scott St., _____ 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 2 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
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. Louis County, Mo.

FATHER
13. NAME Louis Veisman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Mo.

MOTHER
15. MAIDEN NAME Clara Kiebling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Mo.

17. INFORMANT (ADDRESS) Louis Veisman 8935 Scott Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack DATE Jan 24 1936

19. UNDERTAKER (ADDRESS) Edwin J. Funeral Home Inc. 1936 St. Louis Ave.

20. FILED 1-23-36 1936 H. Baechner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Maceration of rt. lobe of liver, with ramified fracture thruout liver. Fracture thru body of spleen to almost complete separation or severance.

Other contributory causes of importance:
Cerebral concussion. Cerebral hemorrhage. Secondary Int. and ext. hemorrhage and shock.

Name of operation _____ OVER _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? _____

If so, specify _____

(Signed) L. H. Baechner M. D.

(Address) 3718 Jennings Rd.

Jan 23 1936

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 PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Auto and pedestrian. Accident happened
at McLaren Ave. In Jennings Mo.
taken to Pine Lawn Hospital and
pronounced dead on arrival.

Verdict of Jury From injuries
received in unavoidable automobile accident.