

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

Do not use this space.

SEP 28 1936

31898

1. PLACE OF DEATH

County St. Louis
Township Virginia
City St. Louis (No. _____)

Registration District No. 608
Primary Registration District No. 0892

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Veid

(a) Residence, No. St. Louis 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 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mch 9 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
70 5 12

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

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

10. Date deceased last worked at this occupation (month and year) 1-20-36 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky.

13. NAME George Veid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. /

15. MAIDEN NAME Jennie Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Pettie Veid (ADDRESS) St. Louis mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookwood DATE 8-22-1936

19. UNDERTAKER (ADDRESS) German Undertk Co
St. Louis mo

20. FILED 9-9-36 S. J. Wilkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

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

to have occurred on the date stated above, at 11:15 A.M.

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

acute dilatation of Heart Date of onset 8-21-36

Other contributory causes of importance:

95 2/3 yrs.

Name of operation _____ Date of _____

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

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? Yes

If so, specify _____

(Signed) J. W. Rhodes, Coroner, M. D.

(Address) N. W. 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.

