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

Do not use this space.

FEB 8 1937 791

File No. 4057

Registered No. 1100

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. Alexian Bros. Hosp. St. Ward)

2. FULL NAME Arthur Velz

(a) Residence, No. 3941a Minnesota Ave. St. 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12th. 1897

7. AGE: Years 40 | Months 0 | Days 11 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Christopher Velz

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

MOTHER

15. MAIDEN NAME Louisa Hoffmann

16. BIRTHPLACE (CITY OR TOWN) St. Loiis (STATE OR COUNTRY) Mo.

17. INFORMANT Florence Velz
(ADDRESS) 3941a Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE Jan. 26th, 37

19. UNDERTAKER William Schumacher
(ADDRESS) 3013 Herameck Street

20. FILED JAN 25 1937 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd. 1937

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 12/30am

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

Injuries sustained in fall from window on third floor at Alexian Brothers hospital while suffering

Date of onset

Other contributory causes of importance:
from mental aberration

Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Suicide Date of injury 1-23, 1937

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

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

Manner of injury

Nature of injury See above

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

If so, specify

(Signed) Joseph M. Zumwalt, M.D.

(Address) Deputy Coroner

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.