

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH
~~SUPPLEMENT A 291~~

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. city, Infirmary)

Registration District No.....
Primary Registration District No. 1008

File No. 8312
Registered No. 1763
St. _____ Ward _____

2. FULL NAME

Peter Veith

(a) Residence, No. 5800 Arsenal St., 13 Ward.

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Separated</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Veith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 24, 1857</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	
		DAYS
		<u>6</u>
		If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1935 to Jan. 30, 1937

I last saw him alive on Jan. 30, 1937 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

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

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

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

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance:
Arteriosclerosis, generalized

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Veith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME Katheryn Butterfass

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

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? _____ 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 _____

17. INFORMANT J.G. Sullivan
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 9, 1937

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J.P. Brennan M. D.
(Address) 5600 Arsenal

19. UNDERTAKER (ADDRESS) J.P. Brennan

20. FILED FEB 9 - 1937
J.P. Brennan
Registrar.

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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