

WHITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 9 1937

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

Do not use this space.

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Lutheran Hospital) St. Ward.....
Registered No. 3137

2. FULL NAME John Edward Veldon,

(a) Residence, No. 5880a Lotus Ave. St. 6 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Veldon		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1863		
7. AGE YEARS 73	MONTHS 8	DAYS 26
8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. Elevator Operator		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel		
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) Ireland		
13. NAME John Edward Veldon		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Mary Lyons		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT Mrs. Margaret Veldon (ADDRESS) 5880a Lotus Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE March 23, 1937		
19. UNDERTAKER CULLINANE BROS. (ADDRESS) 1710 ALABAMA BLDG		
20. FILED MAR 22 1937 J. W. Bredeck Registrar.		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 21st**, 1937, to **3-20**, 1937
I last saw him alive on **3-20**, 1937 Death is said to have occurred on the date stated above, at **7:49 PM**.
The principal cause of death and related causes of importance were as follows:
Sarcoma of right humerus Results of fracture
Date of onset

Other contributory causes of importance: **1946**

Fracture of right tibia from injury details unknown
Name of operation **resection of fracture** Date of **1-28-37**
What test confirmed diagnosis? **X-rays** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **accidental** Date of injury **12-27, 1936**
Where did injury occur? **Coronado Hotel**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In industry
Manner of injury **stuck in right shoulder**
Nature of injury **fracture of right humerus**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **John E. Veldon**, M. D.
(Signed) **Jay L. Lehmann**
(Address) **220 N. 4th St.**

