

NOV 13 1939  
Registration District No. \_\_\_\_\_

791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

8550

1. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town SAINT LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 723 Clara Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 66 YEARS  
years, months or days

3. (a) PRINT FULL NAME THOMAS EDWIN VEITCH 323

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ADELA WETZEL VEITCH 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased JAN 2nd 1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SAINT LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation (RETIRED) PRESIDENT

11. Industry or business DAY RUBBER COMPANY 0

MOTHER FATHER { 12. Name WILLIAM VEITCH 4

13. Birthplace SCOTLAND  
(City, town, or county) (State or foreign country)

14. Maiden name JANETTE BELL

15. Birthplace SCOTLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. W. Veitch

(b) Address 823 CLARA AVENUE.

17. (a) BURIAL (b) Date thereof OCT 7 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director C. R. Leptant & Sons

(b) Address 7233 DELMAR BLVD.

19. OCT 5 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town SAINT LOUIS. 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 823 CLARA AVENUE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4  
year 1939 hour 2 minute 8 P.M.

21. I hereby certify that I attended the deceased from 1931 to Oct 7, 1939  
that I last saw him alive on Sept 26, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Due to Arteriosclerosis heart  
Dissection  
Due to \_\_\_\_\_

Duration Acute  
Several  
Years

Other conditions (include pregnancy within 5 months of death) \_\_\_\_\_  
Major findings: [Signature]  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Horwell Bldg. Date signed 10/7/39

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DR. SIDNEY BROWN

WALL BLDG. 3903 Olive

JE-5600

11-1

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Bradford C. Miles*

Licensed Embalmer No. *2901*

P. O. Address

*St. Louis, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**