18 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40880

Registration District No. 784 DEC 9

Primary Registration District No. 200

Registrar's No. 2022

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carondelet Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nazareth Convent 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County St. Louis

(c) City or town Lemay, Missouri (If outside city or town limits, write "RURAL")

(d) Street No. RFD. Ringer Rd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Sister Mary Caudina Veltz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased July 9 (Month) (Day) 1866 (Year)

8. AGE: Years 73 Months 4 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Domestic 6

11. Industry or business 6

FATHER
12. Name John Veltz
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Hummell
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Sister M. Emmerita

(b) Address RFD. Nazareth Convent Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 39 (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director C Hoffmeister Mfg Co.

(b) Address 7814 S. Broadway

19. (a) NOV 18 1939 (Date received local registrar) (b) R. Meyer M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1939 hour 6 minute 20 a.m.

21. I hereby certify that I attended the deceased from Feb 20, 1938, to Nov 17, 1939; that I last saw her alive on Nov 10, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	3
Due to	
Due to 59	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Waldo Hill (M. D. or other)

Address Lemay R 8 Mo Date signed 11/18/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....Linus Hoffmeister

Licensed Embalmer No.....3871

P. O. Address.....7814 S. Bdway

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

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