

NOV 23 1939

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

40881
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City Jefferson Barracks, Mo. Street No. Station Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louie Veres (637)

(a) Residence, No. _____ St. Panama, Illinois. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 8 ---

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Enrollee
9. Industry or business in which work was done, as saw mill, bank, etc. C.C.C.
10. Date deceased last worked at this occupation (month and year) NOVEMBER 10, 1939 11. Total time (years) spent in this occupation 1-7/12

12. BIRTHPLACE (CITY OR TOWN) Panama, Illinois. (STATE OR COUNTRY)

FATHER 13. NAME Andy Veres

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Individual Records
CCC, Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sorenta, Illinois DATE Nov. 23, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister, N. L. Co. (ADDRESS) 7814 S. Broadway St. Louis, Mo.

20. FILED NOV 23 1939 R. Meyer, M.D., D.P.H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1939, to November 22, 1939

I last saw him alive on November 22, 1939. Death is said to have occurred on the date stated above, at 9:15A. m.

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

Wound of Medulla with paralysis of respiratory center.

Date of onset

Other contributory causes of importance:

1. Wound, gunshot, penetrating of neck. 2. Fracture, compound, comminuted of 1st cervical vertebrae.

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 18, 1939
Where did injury occur? Greenville, Ill. (Specify city or town, county, and State)

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

Manner of injury Accidentally shot.
Nature of injury Gunshot wound.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) P. J. CARROLL, Lt. Col., M.C. M. D.
(Address) Jefferson Barracks, Missouri.

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 Joffmeister
3878

Licensed Embalmer No.....

P. O. Address.....

78148 Brooklyn

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.