

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CO CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 200

Primary Registration District No. 200

State File No. _____

Registrar's No. 2091

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 11-24-39
(Specify whether years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME Gus L. VEILE 400

3. (b) If veteran, name war World

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

7. Birth date of deceased April 13, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53	7	12	hr. min.
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9. Birthplace Saint Clair Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Worker

11. Industry or business _____

MOTHER FATHER { 12. Name Charles J. Veile

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

14. Maiden name Elisa Grossman

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

16. (a) Informant's own signature Clifford Schaefer, V. A.

(b) Address F., Jefferson Barracks, Missouri.

17. (a) Burial (b) Date thereof Nov. 28, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill

18. (a) Signature of funeral director Gundlach & Co.

(b) Address Belleville, Illinois

19. (a) NOV 28 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
(If outside city or town limits, write "RURAL")

(d) Street No. 1817 Iami Street,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1939 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 24, 1939, to November 25, 1939, that I last saw him alive on November 25, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

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 _____ (e) Means of injury _____

23. Signature C. H. HUGHES, Chief Med. Officer
Address VAF., Jefferson Bks., Mo. Date signed 11-27-39

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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.....

Edgar A. Baldwin

Licensed Embalmer No. *2846*

P. O. Address *Belleville, Ill.*

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.