

Rev. 5-17-39  
1-11-1931

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44733

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2260

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: 11-29-39  
(Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED: 2  
(a) State Illinois (b) County -  
(c) City or town Belleville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1002 So. Charles Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. -- years.

3. (a) PRINT FULL NAME Oscar A. VEILE  
(b) If veteran, name war World  
(c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 21  
year 1939 hour 9:25 minute PM M.  
21. I hereby certify that I attended the deceased from November 29, 1939 to December 21, 1939;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Elenora 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased January 10, 1892  
(Month) (Day) (Year)

that I last saw him alive on December 21, 1939 and that death occurred on the date and hour stated above.  
Immediate cause of death Syphilis, tertiary, with involvement of the central nervous system and left hip joint, ~~XXXXX~~ (Charcot joint)  
Duration Unkn.

8. AGE: Years Months Days If less than one day  
47 11 11 hr. min.

Due to 34  
Other conditions Cellulitis, left thigh and scrotum.  
(Include pregnancy within 3 months of death) Unkn. PHYSICIAN  
Major findings: None  
Of operations None  
Of autopsy No autopsy  
Underline the cause to which death should be charged statistically

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

10. Usual occupation Concrete Contractor

11. Industry or business -

MOTHER FATHER { 12. Name Charles Veile

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

14. Maiden name Eliza (?)

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

16. (a) Informant's own signature Minna V. A. F.  
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof December 24, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill (Belleville Mo)

18. (a) Signature of funeral director James Benjamin Bergman  
(b) Address 120 N. Winber Street, Belleville, Mo.

19. (a) DEC 22 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury -  
23. Signature C. W. HUGHES, Chief Med. Camp, or other  
Address VAF Jefferson Bks., Mo. Date signed 11-22-39

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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 \_\_\_\_\_

George Penner, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

George Penner

Licensed Embalmer No. 2314

P. O. Address Belleville, Illinois

**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.**