DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1940 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12853

Primary Registration District No. 1003

Registrar's No. 3055

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5932a Plymouth Ave
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5932a Plymouth Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Veith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

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 Aug (Month) 23 (Day) 1856 (Year)

8. AGE: Years 83 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name John H. Veith

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

14. Maiden name Frances Jocobi

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

16. (a) Informant's own signature Wilhelmina Veith

(b) Address 5932A Plymouth Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) APR 2 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 1940, to April 1st 1940; that I last saw him alive on ~~April~~ March 31 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration years

Arteria Sclerosis General + Cerebral — years

Myocarditis chr. Arteria sclerotic — years

Due to Nephritis chr. Arteria sclerotic — 3 years

Due to

Other conditions Broncho-Pneumonia (Include pregnancy within 3 months of death) — Terminal 3 days

Major findings:
Of operations

Of autopsy none

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 Harry G. Bristow (M. D. or other)

Address Mo Theatre Bldg Date signed 4/2/40

(Licensed Embalmer's Statement on Reverse Side)

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.

1 x19511

Dr. H.J.BRISTOW
MO. Thr. Bldg.
634 N.Grand Blvd.
LE 1870 Io-11 Am.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.