

Registration District No. **791** Primary Registration District No. **1003** State File No. \_\_\_\_\_  
Registrar's No. **4692**

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: **Homer G. Phillips Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 Days 2 Hrs 45 Min**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Lonald Howard Veal 400**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **4-14-40**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **4** If less than one day **2 hr. 45 min.**

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Ernest Veal**  
13. Birthplace \_\_\_\_\_ **Miss.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Minerva Davis**  
15. Birthplace **Mariana Ark.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. M. Sheward**  
(b) Address **2601 N Whittier**

17. (a) **Burial** (b) Date thereof **5-29-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **W. Hamilton**  
(b) Address **City Health Dept.**

19. (a) **MAY 28 1940** (b) \_\_\_\_\_  
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis 26**  
(If outside city or town limits, write "RURAL")  
Street No. **1514 N 16th**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4-** day **18th**  
year **1940** hour **3** minute **45 p. M.**

21. I hereby certify that I attended the deceased from **4-14-** 1940, to **4-18-** 1940;  
that I last saw him alive on **4-18-** 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Bronchopneumonia**  
*Primary*  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ **107a**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Same**

Underlines 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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **G. E. Peace** (M. D. or other) \_\_\_\_\_  
Address **2601 N Whittier** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**