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7-39  
X29159

APR 9 1941  
Registration District No. 984

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis County

(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 Admitted 3/1/41  
(Specify whether unknown.)

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

3. (a) PRINT FULL NAME Edward Veselsky

3. (b) If veteran, name war World War

3. (c) Social Security No. 497-09-4265

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Sept. 25, 1900  
(Month) (Day) (Year)

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

40	5	23	hr. _____ min.
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9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Ferdinand Veselsky

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

14. Maiden name Hedwig (surname unknown)

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

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, JAF, Jeff. Bks., Mo.

17. (a) BURIAL (b) Date thereof MAR. 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 784 1/2 Broadway

19. (a) MAR 20 1941 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 1736-A Dolman Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1941 hour 12:35 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from March 1, 1941 to March 18, 1941  
that I last saw him alive on March 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, chronic, active, far advanced.

Duration Unknown

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy No autopsy.

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) NO

(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) (Occupation of decedent)

23. Signature C. W. HUGHES, M.D. (M. D. or other) \_\_\_\_\_  
Date signed 3/18/41

**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.....

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

**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, fact should be so stated above.**