

No. 2
-13-40
-17-39
K X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19891**

Registration District No. **21 1943 791**

Primary Registration District No. **1003**

Registrar's No. **4703**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Vince Velian

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Velian 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 5, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Velian

(b) Address 1726 S. 14th St.

17. (a) Burial (b) Date thereof June 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Paul

18. (a) Signature of funeral director Am C. Marshall

(b) Address 1926 Allen Ave.

19. (a) JUN 5 - 1941 (b) J. J. Bealock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1726 S. 14th St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4,
year 1941 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from May 30, 1941 to June 4, 1941;
that I last saw her alive on June 4, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (?) Primary site unknown

Due to _____

Due to _____

Other conditions 55
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None

Of autopsy None

Duration
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? _____

While at work? Yes (Specify type of place) _____
Means of injury Stair

23. Signature H. L. Lewis (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 6/11/41

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

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.....

Berj. C. Duncan

Licensed Embalmer No.....

2272

P. O. Address.....

P.O. & Allen

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.