

REC'D AUG 28 1941 91

Primary Registration District No. 1003

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

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:
DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 4 days
 In this community..... Not known 0 (Specify whether years, months or days)

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..... 5047 N. Kingshighway
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME..... Annie Verheyen
 (b) If veteran, name war..... None
 (c) Social Security No..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 21,
 year..... 1941 hour..... 9:30 AM minute..... M.

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Widow
 (b) Name of husband or wife..... Barney F. Verheyen
 (c) Age of husband or wife if alive..... Deceased years
 7. Birth date of deceased..... June 7, 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... July 17
41 to..... July 21 1941
 that I last saw her alive on..... July 21 1941
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>14</u> hr. min.

Immediate cause of death..... Agrand's cycle
Pneumonia
 Duration..... 5 days

9. Birthplace..... Pittsburg Penn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... At home

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

11. Industry or business.....
 12. Name..... George Groh
 13. Birthplace..... Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Margaret Schwartz
 15. Birthplace..... Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations..... 72
 Of autopsy..... 72
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant..... Miss Mabel Verheyen
 (b) Address..... 5047 N. Kingshighway
 17. (a) T. Burial (b) Date thereof..... 7/24/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Calvary Cemetery

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?

18. (a) Signature of funeral director..... Math Hermann & Son
 (b) Address..... 2161 East Fair Ave
 19. (a) JUL 23 1941 (b) J. N. Beduch
 (Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature..... Arthur Savelov (M. D. or other) Dr. S.
 Address..... 2202 University St Date signed..... 7/24/41

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 *Thomas Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, Mo*

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.