No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26549

FILED SEP 17 1941

State File No. 6341

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution On route to City 3 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 229
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 La Salle 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Charles Robert Veanes

3. (b) If veteran, name war no

3. (c) Social Security No. 494-07-4931

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Irene Pryor

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

7. Birth date of deceased Feb 27 (Month) 1887 (Day) (Year)

8. AGE: Years 54 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Ladue Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pipe Fitter

11. Industry or business Building Maintenance

MOTHER FATHER
12. Name Charles Veanes
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Minnie
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gloria Veanes
(b) Address 2635 Bredell ave

17. (a) Burial (b) Date thereof Aug 4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Henry L. Weidenmueller
(b) Address 6203 Gravois

19. (a) AUG - 2 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Skull; Subdural hemorrhage of Brain; when he walked into the side of a streetcar

Due to operated by John E. Rastofer, at 12th and Park Streets, about 10:35

Due to o'clock P.M. July 31st, 1941

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence July 31st, 1941 000
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)
Address Lafayette Town Date signed 8/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Klapper

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.