

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36693

State File No.

8923

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
2511a Hadley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL") 17-26
(d) Street No. 2511a Hadley St.
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George A. Velker.

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

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

6. (b) Name of husband or wife Irene Velker 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased. March 31 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 7 hr. min.

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

10. Usual occupation Nightwatchman, Private.

11. Industry or business _____

12. Name Adam Velker.

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Archy.

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Velker.

(b) Address 2511a Hadley.

17. (a) Burial (b) Date thereof 11-12-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) Nov 10 1941 (b) J. J. Bradeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1941 hour 6:35 P. minute _____ M.

21. I hereby certify that I attended the deceased from 11-5-41
19____ to 11/8-41 19____;
that I last saw him/her on 11/8-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardiac asthma

Due to _____

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? None
(Specify type of place) (e) Means of injury None

23. Signature J. J. Bradeck (M. D. or other)

Address 2739 N. Grand Date signed 11/10-41

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

MOTHER FATHER

NOV 10 1941

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..... *Herbert Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.