

FILED MAR 17 1942 791

State File No.

1546

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St/ Louis
(b) City or town St/ Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1418a Sullivan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 2813
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1418a Sullivan Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. John Veach

3. (b) If veteran, name var. No. 3. (c) Social Security No. 491-12-8479

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 14 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Springfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Union News Co.

12. Name Thomas Veach

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

14. Maiden name Unknown

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

16. (a) Informant Dorothy Kraut.

(b) Address 1418a Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-42
(Place: burial or cremation) (Month) (Day) (Year)

Jefferson Memorial National Cemetery

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

(b) Address 2223 St. Louis Ave.

19. (a) FEB 19 1942 (Date received for registration) (b) J. T. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 19, year 1942, hour 5:55A.M., minute _____ M.

21. I hereby certify that I attended the deceased from June 1940 to 2-19 1942 that I last saw him alive on 2-4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Ch Duration 10 years
Due to Cause unknown

Due to _____
Other conditions Heart Block
(Include pregnancy within 3 months of death)

Major findings: Of operations none
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) _____
(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) (e) Means of injury _____

23. Signature W. O. Wilson (M. D. or other) OMD.
Address 3547 Canton Date signed 2-19-42

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

MOTHER FATHER

Dr. Kenneth W. Clason
495 27th Maryland Ave.
P. M.

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 Homer L. Ponder

Licensed Embalmer No. 2367

P. O. Address 2223 St. Louis ave.

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.