. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13146

FILED MAY 13 1941

Registration District No. [illegible]91

Primary Registration District No. 1003

Registrar's No. 3920

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:
St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 247
(If outside city or town limits, write "RURAL")

(d) Street No. 2911 South 18 th. St. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Veselic

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 Widowed

6. (b) Name of husband or wife Frances

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

7. Birth date of deceased January (Month) 21 (Day) 1870 (Year)

8. AGE: Years 72 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Austria-Hungary (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Ivan Veselic 4

13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ann Parker

(b) Address 3548 Giles Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [illegible]

(b) Address 3634 Gravois Ave.

19. (a) MAY 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 st year 1942 hour 8 minute 02 A. M.

21. I hereby certify that I attended the deceased from April 26, 1942 to May 1, 1942 and that I last saw him alive on May 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma — Duration 2

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H6

Major findings:
Of operations

Of autopsy Gastric Carcinoma

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or [illegible]er)

Address 1803 [illegible] Date signed 5-2-42

944 (Licensed Embalmer's Statement on Reverse Side) [illegible]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.