V. S. No. 2
50M—5-42
ev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15090

State File No.

FILED MAY 10 1943

Registration District No. 273 — Primary Registration District No. 5918 — Registrar's No. 44

79
0
0

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural — Salem Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community) 85-0-9 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Fritz Veith
3. (b) If veteran, name war: ____
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: Margarete Veith
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: April (Month) 14 (Day) 1858 (Year)
8. AGE: Years 85 Months 0 Days 9 If less than one day ____ hr. ____ min.
9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER 12. Name: John Veith
FATHER 13. Birthplace: ____ (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Philomina Karcher
MOTHER 15. Birthplace: ____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Edward Veith
(b) Address: Lonfro RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-26-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo.
18. (a) Signature of funeral director: Young & Son
(b) Address: Perryville Mo.
19. (a) 4-24-43 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Apr. 16, 1943, to Apr 23, 1943, that I last saw him alive on Apr. 22, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	6 days
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

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: C. M. Wiedman (M. D. or other) D.O.
Address: Perryville, Mo. Date signed 4/24/43

1326 (License of Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 543-2223

Date Filed 5-8-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.