

ED JUL 31 1943

318

Registration District No. Primary Registration District No. 1003

Registrar's No. 6577

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital *O*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 16 DAYS
(Specify whether years, months or days)

In this community 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 2739a Wyoming St.
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Paul John Veillard

3. (b) If veteran, name war No

3. (c) Social Security No. 488-03-2321

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Lenabel Veillard

6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased January 29, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>21</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name Alfonse Veillard

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Morville

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Lenabel Veillard

(b) Address 2739a Wyoming

17. (a) Burial (b) Date thereof 7 22 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Cemetery

18. (a) Signature of funeral director Shackles-Heldrich-Head Co.

(b) Address 3634 Gravois Avenue

19. (a) JUL 21 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20,
year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from July 5,
19 43 to July 20, 19 43
that I last saw him alive on July 20, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas

Due to.....

Due to.....

Other conditions Obstructive jaundice
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy Refused

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).....

(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) Means of injury.....

23. Signature Ray Fairbank (M. D. or other) M.D.
Address 1515 Lafayette Avenue Date signed 7/20/43

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

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..... *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St. Louis, 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.