

S. No. 2
DM-5-43
v. 5-17-39
1 X 3677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33619

State File No.

9554 ✓

Registrar's No.

NOV 10 1943

Registration District No.

Primary Registration District No.

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **10 days**
(Specify whether
In this community..... **25 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **36**
(c) City or town..... **St. Clair** **37-R**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Helen Veda

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

4. Sex..... **Female** 5. Color or race..... **White**
6. (g) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **Anthony Veda** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **November 1, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ **56** **11** **29** hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Henry Kuhn**

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

14. Maiden name..... **Margaret Jens**

15. Birthplace..... **Hungary 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Marie Franz**

(b) Address..... **4261a Maffitt Ave.**

17. (a) **Burial** (b) Date thereof..... **Nov. 2, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **S.S. Peter & Paul Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz Funeral Home**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **OCT 31 1943** (b) **J. J. Ordele**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **30th,**
year..... **1943** hour..... **2:10** minute..... **A.** M.

21. I hereby certify that I attended the deceased from
April 20, 1943 to..... **October 30, 1943**
that I last saw her alive on..... **October 30, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary embolism - left lung** **1 week**
Due to..... **Essential hypertension** **Several years**
Arterio-sclerosis
Due to.....
Other conditions..... **97**
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy..... **Coronary embolism**

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..... **John F. ... M. D.** (M. D. or other)
Address..... **4783 East Ave. St. Louis** Date signed..... **10-30-43**

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

DEC 7 1948

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

John Mlinar

Licensed Embalmer No.

4186

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.