

S. No. 2  
M-8-13  
v. 5-17-39  
X37823

11469

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318 1003

State File No. \_\_\_\_\_  
Registrar's No. 3295

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST LOUIS  
(c) Name of hospital or institution: ISOLATION HOSP.  
(d) Length of stay: In hospital or institution 9 HRS  
In this community 1 YEAR

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(d) Street No. 1720 SO. BROADWAY  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME VELMA FLORA LEE  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 13  
year 1945 hour 5 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE  
6. (b) Name of husband or wife ROBERT  
7. Birth date of deceased: APRIL 10 1915

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
20 0 3 hr. \_\_\_\_\_ min.

Due to Meningitis - Type undetermined  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace POTOSI MO  
10. Usual occupation HOUSEWIFE  
11. Industry or business HOME

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name CHARLES WOODS  
13. Birthplace IRON CA MO  
14. Maiden name AURA MARLER  
15. Birthplace POTOSI MO

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant ROBERT LEE  
(b) Address 1270 SO. BROADWAY  
17. (a) REMOVAL (b) Date thereof 4-1945  
(c) Place: burial or cremation POTOSI MO

23. Signature J. F. Budeck (Registrar's signature)  
Address \_\_\_\_\_ Date signed 4/14/45

18. (a) Signature of funeral director SPARKS FUNERAL HOME  
(b) Address POTOSI MO  
19. (a) APR 14 1945 (Date received local registrar)

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.....

*John Ketter*

Licensed Embalmer No. *3880*

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.**