No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 31484

Registration District No. 57 Primary Registration District No. 6676 Registrar's No. 1972

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9-3-46 (Specify whether
In this community 68 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 746 North Euclid Ave. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME VELDE, Frederick A.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura B. Velde

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September (Month) 30 (Day) 1877 (Year)

8. AGE: Years 68 Months 11 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) U (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Laclede Gas Co.

FATHER
12. Name Frederick Velde
13. Birthplace Germany (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Louise Fienup
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation NAT'L CEM. JEFF. BARRACKS, MO

18. (a) Signature of funeral director Suedmeyer & Son Und. Co.
(b) Address St. Louis, Missouri

19. (a) 9-24-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19 year 1946 hour 7:50 minute P M.

21. I hereby certify that I attended the deceased from 9-3-46, 19__, to 9-19-46, 19__; that I last saw him alive on September 19, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROSIS; HEMIPLEGIA — Duration UNK

Due to 83 d

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No 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) No
(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? Nature of injury

23. Signature L. E. Stilwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet.Adm.Hosp.Jeff.Brks., Mo. Date signed 9-20-46

(Licensed Embalmer's Statement on Reverse Side)

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: Albert Maxfield

Licensed Embalmer No. 3077

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.