

No. 2  
1/47  
7-39

Registration District No. **318**

Primary Registration District No. **1003**

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: **City Infirmary**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 years 7 months**  
(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. **5800 Arsenal St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September 30**  
year **1948** hour **6:30** minute **P. M.**  
21. I hereby certify that I attended the deceased from **February**  
**the 20th;** 19**46**, to **September 30,** 19**48**  
that I last saw **him** alive on **September 30**, 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**

Due to **Coronary artery disease**  
**Arteriosclerosis**  
**Old pulmonary tuberculosis**

Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy **Same**

PHYSICIAN

Underline the cause of 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?..... Means of injury.....  
23. Signature **Adrian Aronson, M.D.**  
Address **5800 Arsenal St. 10-5-48** Date signed

3. (a) PRINT FULL NAME **VELGO, CHARLES.**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **March 10 1859**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**89 6 20** br. **1** min.

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

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **Frank Velgo**  
13. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary ?**  
15. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmary Records**  
(b) Address **5800 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **10-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **Charles Kelly**  
(b) Address **4386 Laclede**

19. (a) **OCT 6 1948** (b) **J. B. Roster**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Ralph W. Henson

Licensed Embalmer No. 3791

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.