

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39392

State File No. 9745

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 9745	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 1/2		d. STREET ADDRESS (If rural, give location) 18 25 S. Leonard Ave. (rear)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		3. NAME OF DECEASED a. (First) Charles (Type or Print)		b. (Middle) W. Veasey c. (Last) Veasey	
4. DATE OF DEATH Nov. 9 1949		5. SEX Male		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 5, 1861		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles Veasey		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ida Veasey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-12-4833	
17. INFORMANT'S SIGNATURE OR NAME Ida Veasey		ADDRESS 25 S. Leonard Ave. (r)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall	
22. I hereby certify that I attended the deceased from 10-13 , 19 49 , to 11-9 , 19 49 , that I last saw the deceased alive on 11-9 , 19 49 , and that death occurred at 12:40 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE James J. Hedrick M.D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-12-1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. B. Suter		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	
ADDRESS 3133 Bell Ave.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. J. Watson*

Licensed Embalmer No. *269*

P. O. Address *2769 Charlotte*

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.