

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8861

State File No. ....

FILED APR 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 26

0500  
5

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>	
c. LENGTH OF STAY (In this place) <u>57 1/2-103 Days</u>		4002	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill / MARY-EMERIA MO.</u>		d. STREET ADDRESS (If rural, give location) <u>VARIOUS NURSING HOMES</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARNEST</u> b. (Middle) <u>VEITH</u> c. (Last) <u>VEITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 7 1860</u>
9. AGE (In years last birthday) <u>91</u>	10. MONTHS <u>8</u>	11. BIRTHPLACE (State or foreign country) <u>Bohemia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LAUNDRY WAGONER IN HOUSTON</u>	14. NAME OF HUSBAND OR WIFE <u>MARY VEITH</u>	
13a. FATHER'S NAME <u>Joseph Veith</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Ludwig</u>	14. NAME OF HUSBAND OR WIFE <u>MARY VEITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Burton Koch, St. Joseph's Hill Inf - Eureka Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u>		DUE TO (b) <u>ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>BLIND</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>↓</u>	
19a. 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>3:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/2/3, 1946</u> , to <u>3/14, 1952</u> , that I last saw the deceased alive on <u>3/14, 1952</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Marden MD</u> (Designate title)		23b. ADDRESS <u>4323 ROLAND DRIVE - MO.</u>	23c. DATE SIGNED <u>3/16/52</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>9-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. L. COUNTY</u>
DATE REC'D BY LOCAL REG. <u>3-29-52</u>	REGISTRAR'S SIGNATURE <u>Ruth Jison</u> 438	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. SMITH</u> ADDRESS <u>7456 MANCHESTER</u>	

JEFFERSON COUNTY HEALTH DEPT.  
MILLSBORO, MISSOURI  
DATE RECEIVED APR 1 1952

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed J. W. Binkley  
Licensed Embalmer No. 3653

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.