

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45134**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12129**

FILED JAN 26 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6158 WATERMAN AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			
3. NAME OF DECEASED a. (First) ETHEL (Type or Print)		b. (Middle) N.	
c. (Last) VEITH		4. DATE OF DEATH (Month) (Day) (Year) DEC. 31-1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH AUG. 18-1892	
9. AGE (in years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS	
12. CITIZENRY OF WHAT COUNTRY?		13a. FATHER'S NAME EDWARD F. PATTERSON	
13b. MOTHER'S MAIDEN NAME LOUELLA CASS		14. NAME OF HUSBAND OR WIFE ANTHONY E. VEITH	
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.	
17. INFORMANT'S SIGNATURE OR NAME John P. Veith - 5832 Berchingham Ave.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure	
		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremic Acidosis		2 wks.	
DUE TO (c) Chr. Nephritis		yes	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death Myocardial Infarction in		2 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Order from coroner	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		153X	
22. I hereby certify that I attended the deceased from 1938 to Dec 31, 1952 , that I last saw the deceased alive on Dec 31, 1952 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE K. K. King (Degree or title)		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 1-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 3-1953	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. JAN 2 1953		REGISTRAR'S SIGNATURE J. C. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN		ADDRESS UND. CO. 5165 DELMAR BL	

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 M. W. Rueter

Licensed Embalmer No. 4865

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.