

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12453

State File No. \_\_\_\_\_

FILED MAR 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2704**

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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings, Missouri</b>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>4148</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5427 Hodiament Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>E.</b> c. (Last) <b>Velker.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 11 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep. 2nd, 1889</b>
9. AGE (In years) (Last birthday) <b>63</b> If under 1 year: Months Days If under 28 hrs. Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <b>Fred Morris</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm. F. Velker.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. F. Velker, 5427 Hodiament Ave.</b>	
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.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia, right.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) and/or the underlying cause last. DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>Diabetes mellitus</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>4201</b>		22. I hereby certify that I attended the deceased from <b>Feb 27, 1953</b> , to <b>Mar 11, 1953</b> , that I last saw the deceased alive on <b>Mar 10, 1953</b> and that death occurred at <b>1:50 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>John G. McInerney, M.D.</b>		23b. ADDRESS <b>5014 Thekla Av</b>	
23c. DATE SIGNED <b>3/11/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Mar. 13, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner Und. Co., 2223 St. Louis Av</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 11 1953</b> <b>J. Earl Smith, md</b>		5.0. (Licensed Embalmer's Statement on Reverse Side)	

2014 Book No. 213

**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 \_\_\_\_\_

*John P. Bushby*

Licensed Embalmer No. 1674

P. O. Address 2223 So. Lewis Ave

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.