

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39536

State File No. _____

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: 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>Kimmswick Rock</u>	c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u> <u>4761</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Four Oaks Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>22 Ann Ave.</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanna</u> b. (Middle) <u>A.</u> c. (Last) <u>Veith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>29</u> <u>53</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 30, 1905</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 100 HOURS Hours <u>29</u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Valley Park, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>John Veith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Wapelhorst</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Stahl Maplewood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential vascular hypertension</u> DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>		20. AUTOPSY? YES <input 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)		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 10-16, 1953, to 11-15, 1953, that I last saw the deceased alive on 11-16, 1953, and that death occurred at 11-29-53 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard C. Ernst M.D.</u>		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>11/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/1/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Valley Park, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-5-1953</u>		REGISTRAR'S SIGNATURE <u>Butler J. Isaacs</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfizinger Kirkwood, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

over 4

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED DEC 9 1953

REC'D 12 10 1953

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

Signature

William H. Putney

Licensed Embalmer No. *04316*

P. O. Address *Kennett, 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.