

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11229

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1702**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4868 Norwich Pl.			Length of stay in lb 11 Yrs.		d. STREET ADDRESS 4868 Norwich Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Vesta Marie Veisin				First	Middle	Last	4. DATE OF DEATH Month Feb Day 19 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 11 1917		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Colby, Kansas		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Philamon Thamer				14. MOTHER'S MAIDEN NAME Idillian Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 509-16-5063		17. INFORMANT Address Mr. LaVerne Veisin, 4868 Norwich, 20			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver (Indeterminate) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ca. of Breast (Primary) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a)							INTERVAL BETWEEN ONSET AND DEATH 7 months	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 7/7/56 to 2/19/57 and last saw her/him alive on 2/17/57 Death occurred at 5:35A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE George A. Carver M.D. (Degree or title)				22b. ADDRESS 607 N. Grand		22c. DATE SIGNED 2/19/57 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Rail		23b. DATE Feb. 20, 1957	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Colby, Kansas			
24. FUNERAL DIRECTOR Calvin F. Reutz Funeral Home			ADDRESS 4828 Nat'l Bridge St. Louis 15 Mo		25. DATE RECD. BY LOCAL REG. FEB 19 57		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *John A. Medina*.....

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.