

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS OCT 5 1959**

**59-034434**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 8794** STATE FILE NUMBER

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>265 Union Blv'd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>VERA GIANINNI VEEDER</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>23</b> Year <b>1959</b>									
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 1, 1887</b>		9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>New York, New York</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Eugene Gianinni</b>				13b. MOTHER'S MAIDEN NAME <b>Mollie Faust</b>				14. NAME OF HUSBAND OR WIFE <b>Borden S. Veeder</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Borden S. Veeder, 265 Union Blv'd.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PERICARDIAL EFFUSION + TAMPONADE</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 HR</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>SPONTANEOUS RUPTURE AORTIC ANEURYSM - ASCENDING AORTA</b>										<b>1 WEEK</b>			
DUE TO (c) <b>ATHEROSCLEROSIS - AORTA</b>										<b>3 YEARS</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>POST-OP - CLOSURE COLOSTOMY - 20 HRS - 451X</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 _____ a.m. _____ p.m.		Month, Day, Year		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 <b>25 July 59</b> to <b>23 Sept. 59</b> and last saw her/him alive on <b>22 Sept 59</b> Death occurred at <b>2:30 AM - 23 Sept 59</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Wesley A. Smith M.D.</i> (Degree or title)						22b. ADDRESS <b>3720 WASHINGTON</b>			22c. DATE SIGNED <b>23 Sept. 59</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9-25-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery St. Louis, Missouri</b>				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons-7233 Delmar</b> ADDRESS						25. DATE RECD. BY LOCAL REG. <b>SEP 24 '59</b>		26. REGISTRAR'S SIGNATURE <i>Wesley A. Smith M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 14 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.