

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE**

=60-021901

FILED MAY 31 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1657

UNDECEASED

| | | | | | | | |
|---|--|---|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Saint Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy | | Length of stay in lb OR TOWN 4 days | | c. CITY OR TOWN Velda Village Hills | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3023 Kemp Dr. | |
| 3. NAME OF DECEASED (Type or print) First Helen Middle Veronica Last Verstraete | | | | 4. DATE OF DEATH Month May Day 24 Year 1960 | | | |
| 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 7-28-1908 | |
| 9. AGE (last birthday) 51 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HR Hours _____ Min. _____ | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U S A | | | |
| 13a. FATHER'S NAME Fred Bevoden | | | 13b. MOTHER'S MAIDEN NAME Helen Johnson | | | 14. NAME OF HUSBAND OR WIFE Emil E. Verstraete | |
| 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. 490-38 1778 | | 17. INFORMANT Emil E. Verstraete-3023 Kemp Dr. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatous DUE TO (b) Carcinoma of Breast DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year 4 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | 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 type="checkbox"/> NO <input checked="" 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 June 1956 to May 23 1960 and last saw her May 23 1960 alive on May 23 1960 Death occurred at 645 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) David J. Light D.O. | | | | 22b. ADDRESS 5738 W. Florissant | | 22c. DATE SIGNED 5/24/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE May 27, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. | |
| 24. FUNERAL DIRECTOR Cullen & Kelly 7267 Natural Bridge | | | | 25. DATE RECD. BY LOCAL REG. 5-24-60 | | 26. REGISTRAR'S SIGNATURE John C. Murphy M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

James G. Lamm

Licensed Embalmer No. 414

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.