MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38968

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No.....

City St. Louis (No. 4305 Cote Brilliant St. Ward)

File No.....

Registered No. 12790

2. FULL NAME Joseph L. Velar

(a) Residence. No. 4305 Cote Brilliant St. 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April Unknown 1865

7. AGE: Years about 62 | Months unknown | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): (Dry Goods)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fredricktown
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Velar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lucy Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Jos. Velar
(Address) 4305 Cote Brilliant St.

15. FILED DEC 31 1927 19..... Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927, to Dec 29, 1927, that I last saw him alive on Dec 29, 1927, and that death occurred, on the date stated above, at 9.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (duration) ..... yrs. ..... mos. 10 ds.

Enlarged Prostate cause unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cremia from Extravasat of urine in both thighs, buttock + in abdomen and legs

Cause of abscess unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Geo. Cheatham, M. D.

, 19 (Address) 11 a Jefferson Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem.

DATE OF BURIAL: Jan. 2 1928

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan

Bri-withdrawn until