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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19888

Registration District No. 79117 Primary Registration District No. 1003 Registrar's No. 4836

1. PLACE OF DEATH:

(a) County 10

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 7144 Colorado
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Veronica Caress 670

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, married, ~~widowed~~, divorced

6. (b) Name of husband or wife Floyd Caress

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 24 (Day) 1912 (Year)

8. AGE: Years 28 Months 3 Days 6 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 0

11. Industry or business 0

MOTHER FATHER

12. Name Joseph Tiernon

13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

14. Maiden name Cathy Reidler

15. Birthplace St Louis County (City, town, or county) Mo (State or foreign country)

16. (a) Informant Floyd Caren

(b) Address 7144 Colorado Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Memorial Cemetery

18. (a) Signature of funeral director Joseph Leahy Mortuary

(b) Address 4024 Lindell

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30, year 1940 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from May 27, 1940, to May 30, 1940 that I last saw her alive on May 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abscess of Brain (Rt Temporal Lobe)	10 days
Due to: Cause unknown	
Due to:	
Other conditions: amebiasis (Include pregnancy within 3 months of death)	6 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette, Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard F. Rowland.

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.