

JAN 13 1942  
Registration District No. 5

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3402 Messanie Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 52 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan //  
(c) City or town Saint Joseph, //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3402 Mesanie Street, //  
(If rural, give location)  
(e) Citizen of foreign country? No. 0 (Yes or No)  
If yes, name country Germany,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 30th,  
year 1941, hour 11:00 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Sept 15  
1941 to Dec 29 1941  
that I last saw him alive on Dec 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 4 hrs.  
Due to arterio sclerose  
Due to hypertension  
Other conditions obese, Brachio-  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... 946  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

While at home (Specify type of place) (e) Means of injury  
23. Signature Geo Francis (M. D. or other)  
Address Geo Francis Date signed 12/31/41

3. (a) PRINT FULL NAME Theodore Herman Albert Vey

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Kate Vey, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 6th, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 2 24 hr. min.

9. Birthplace Wormlitz Bey, Halle, Germany,  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter,

11. Industry or business General,

12. Name Theodore Vey,

13. Birthplace Unknown, Germany,  
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Bokelman,

15. Birthplace Unknown, Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theodora H. Vey

(b) Address 3402 Messanie Street,

17. (a) Burial, (b) Date thereof Jan 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Nealon Bishop, Bowman Funeral

(b) Address 319 So. 10th Street, St. Joseph

19. (a) Jan 2, 1942 (b) H. H. Madlacher  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 12-30-9

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 309

P. O. Address St. Joseph, Mo.

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