V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39433

Registrar's No. 10720

1. PLACE OF DEATH:

(a) County St Louis, Mo

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

(c) Name of hospital or institution: 2904 Palm St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 10

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2904 PALM ST. (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HENRY VELHOF

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JANUARY (Month) 1ST (Day) 1868 (Year)

8. AGE: Years 74 Months 11 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name BERNHARD VELHOF
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ELIZABETH HUNOLD
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant William Velhof

(b) Address 2904 Palm St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Meek & Dickman

(b) Address 4355 Washington ave.

19. (a) DEC 23 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st year 1942 hour 5 minute 10 P M.

21. I hereby certify that I attended the deceased from Apr 18, 1933, to Dec 21st, 1942; that I last saw him alive on Dec 21st, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic myocarditis	5+ yrs.
Due to Pulmonary oedema	12-20-42
Due to	
Other conditions (Include pregnancy within 3 months of death) Chr. Arterio-sclerosis - Asthma.	

Major findings:
Of operations —
Of autopsy —

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? no (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 Albert J Motzel (M. D. ~~or other~~)

Address 2739 No Grand Bl. Date signed 12-22-42

(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 Frank Prokopf, Registered Apprentice No. 339, working under my personal supervision.

Signed William J. Hirons

Licensed Embalmer No. 4319

P. O. Address St. Louis 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.