FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32615

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2143

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St. Louis~~ Jennrall
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sancta Maria in Ripa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 320 East Ripa Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Sister b. (Middle) Mary c. (Last) Cephas Veile

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct. 28, 1867

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 10, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wurttenberg Germany

12. CITIZEN OF WHAT COUNTRY?: 4

13a. FATHER'S NAME: Charles Veile

13b. MOTHER'S MAIDEN NAME: Adelheid Veile

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Sister M. Theodosia, ADDRESS: 320 East Ripa

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Failure	Two days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	10 yrs.
(c)	Gall Bladder Disease	2 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Pancreatic Obstruction Common Duct	2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None. 422.2

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 422.2

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1949, *to* Sept 7, 1949, *that I last saw the deceased alive on* Aug. 31, 1949, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert A. Brennan M. D.

23b. ADDRESS: 5417 South Grand

23c. DATE SIGNED: 9/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 9, 1949

24c. NAME OF CEMETERY OR CREMATORY: Ripa Cemetery

24d. LOCATION (City, town, or county) (State): Ripa Cemetery St. Louis Mo.

DATE REC'D BY LOCAL REG.: 9-8-49

REGISTRAR'S SIGNATURE: Hesdlent R. Hemke Mo

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Hoffmeister U&L Co. 7814 S. Bdwy City II

(Licensed Embalmer's Statement on Reverse Side)

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

LE-87

Lo 3747 Home
Rs 6511 Office

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Harry J Lekeman

Licensed Embalmer No. 2679

P. O. Address 7874 S Broad

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

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