S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1953

State File No. 16579

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1123

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park
c. LENGTH OF STAY (in this place): 80 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 22 Ann Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park 476.7
d. STREET ADDRESS (If rural, give location): 22 Ann Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Catherine
c. (Last): Veith

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 3, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 10 Days 15 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Max Wapelhorst
13b. MOTHER'S MAIDEN NAME: Johanna Koering
14. NAME OF HUSBAND OR WIFE: John Veith

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: Helen Stahl — ADDRESS: Maplewood, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Renal-Vascular disease — Years
DUE TO (c) General Arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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* 4/13, 1953, *to* 4/18, 1953, *that I last saw the deceased alive on* 4/17, 1953, *and that death occurred at* 12:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. T. Edwards (Degree or title): M.D.
23b. ADDRESS: 126 E. Jefferson K'wd Mo.
23c. DATE SIGNED: 4/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/20/53
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem.
24d. LOCATION (City, town, or county) (State): Valley Park Mo.

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Herbert R. Domke-MD
25. FUNERAL DIRECTOR'S SIGNATURE: Meyer-Pfitzinger — ADDRESS: Kirkwood, Mo.
(Licensed Embalmer's Statement on Reverse Side)

P.T.

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 William H. Fitzinger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.