CS. No. 300
REV. 10-48

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25418

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1611

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

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 4346
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 7194 Delmar Blv'd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): OGLE
b. (Middle): E.
c. (Last): VEACH, JR.

**4. DATE OF DEATH** (Month) (Day) (Year): July 1st, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: August 15, 1926
**9. AGE** (In years last birthday): 29 — IF UNDER 1 YEAR: Months 10, Days 16 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Naturopath Technician
**10b. KIND OF BUSINESS OR INDUSTRY**: Medical
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Ogle E. Veach, Sr.
**13b. MOTHER'S MAIDEN NAME**: Berce McBroom
**14. NAME OF HUSBAND OR WIFE**: Evelyn Laine Veach

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
**16. SOCIAL SECURITY NO.**: UNK
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Berce Veach 7194 Delmar Blv'd.

**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): due to barbiturate poisoning alleged to be of suicidal intent.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 9702
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): University City St. Louis Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 1 1956 12:53 P.M. DST
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [X]
**21f. HOW DID INJURY OCCUR?** Found in morning by mother-notes found ind. suicide.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Arnold J. Willmann, Coroner
**23b. ADDRESS**: Clayton, Missouri
**23c. DATE SIGNED**: 7/6/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/3/56
**24c. NAME OF CEMETERY OR CREMATORY**: Lake Charles Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**DATE REC'D BY LOCAL REG.**: 7-3-56
**REGISTRAR'S SIGNATURE**: Herbert K. Somke, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: C. R. Lupton & Sons 7233 Delmar Blv'd.

(Licensed Embalmer's Statement on Reverse Side)

Coroners Office

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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