

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42727
STATE FILE NUMBER
Registrar's No. 10935

FILED NOV 22 1957

Registration District No. 318 Primary Registration District No. 1003

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
15 FULL NAME OF (If NOT in hospital, give location): HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 70 yrs	
d. STREET ADDRESS 2832 Pennsylvania Ave		(If outside, give location) 2832 Pennsylvania Ave	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last FRANK VELTEN			4. DATE OF DEATH Month Day Year Nov. 14, 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1884
9. AGE (in years) 12		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	
10b. KIND OF BUSINESS OR INDUSTRY Metro. Sewer Dept.		11. BIRTHPLACE (City and state or country) Pierce City, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph Velten		13b. MOTHER'S MAIDEN NAME Mary Simmons	
14. NAME OF HUSBAND OR WIFE Minnie C. Unkauf			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-09-2093	
17. INFORMANT Minnie C. Velten, 2832 Pennsylvania Avenue		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured Hip Right Coronary Sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Following injuries suffered</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. MANNER OF DEATH <i>Open Verdict</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Ice auto accident, New Deltaville, Illinois, about March 24, 1957.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>not be determined</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 32	
20e. CITY, TOWN, OR LOCATION 8254		COUNTY 33 STATE	
20f. CITY, TOWN, OR LOCATION 812			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>7:20 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Daniel C. Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>11.15.57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Nov. 18, 1957	
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. NOV 15 57	
26. REGISTRAR'S SIGNATURE <i>Carl Smith mo</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

C O R D N E R

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 _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4520
P. O. Address A. Louis, m

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

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