

I hereby declare that this certified copy is an exact photostatic reproduction of the certificate for the person named therein, as it now appears in the permanent records of the Bureau of Vital Statistics, Division of Health of the City of St. Louis. Witness my hand as City Registrar and the Seal of the Division of Health of said City this date 22 NOV 57. **DO NOT ACCEPT IF BLURRED, REPHOTOGRAPHED, or if Seal impression cannot be felt.**

Joseph L. Bell
CITY REGISTRAR

C. L. Bell Clerk
\$1.00 Fee Paid

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No

318

Primary Registration District No

1003

STATE FILE NUMBER

Register No. 10935

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived (If institution, Residence before death)) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis		Includes 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 this 70 yrs		4. STREET ADDRESS 24 2832 Pennsylvania Ave	
3. NAME OF DECEASED (If you are sure) 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, months, days) 72	10. LIVED 1 YEAR OR LONGER IN MISSOURI Year Month Day
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		16b. KIND OF BUSINESS OR INDUSTRY Metro. Sewer Dept.		11. BIRTHPLACE (City and state or country) Pierce City, Mo.	
12a. FATHER'S NAME Joseph Velten		12b. MOTHER'S M maiden name Mary Simmons		13. NAME OF WIFE OR WIFE Minnie C. Unkauf	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give no. of service (If yes, give unit or branch of service)) NO		16. SOCIAL SECURITY NO 492-09-2093		17. INFORMANT Address Minnie C. Velten, 2832 Pennsylvania Avenue	
18. CAUSE OF DEATH (Enter only one cause and give its (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) CORONARY ARTERIOSCLEROSIS		20. FRACTURED HIP RIGHT		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (a) DUE TO (c)		21. FOLLOWING INQUIRIES SUFFERED a. Verdict b. Cause and manner of same could not be determined		19. WAS ANY PREVIOUS DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. TIME OF DEATH Hour Month, Day, Year a.m. p.m.		22b. PLACE OF INJURY (a, b, or c) (a, b, or c) (a, b, or c) Home, factory, street, office bldg., etc.		23. CITY, TOWN, OR LOCATION COUNTY 23 STATE	
24. MURDER OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from _____ and last saw him _____ at _____ on the _____ day, _____, and to the best of my knowledge, from the reasons stated			
25. SIGNATURE <i>Patricia Clayton Currier</i>		27. ADDRESS 1300 Clark		28. DATE 11 15 57	
29. BURIAL, CREMATION, OR DISPOSAL Burial		30. DATE Nov. 18, 1957		31. NAME OF CEMETERY OR CREMATOR St. Trinity Cemetery	
32. LOCATION (City, town, or county) St. Louis, Missouri		33. DATE PROC BY LOCAL OFF NOV 15 57		34. SIGNATURE <i>J. C. Smith</i>	
35. FUNERAL DIRECTOR F. H. INC., 1936 St. Louis Ave					