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STATE OF MISSOURI }
CITY OF JEFFERSON } SS } HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

OCT 30 1944

Garland H Land

Garland H. Land
State Registrar of Vital Statistics

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		THE STATE BOARD OF HEALTH OF MISSOURI	
STANDARD CERTIFICATE OF DEATH		STANDARD CERTIFICATE OF DEATH	
Registration District No. <u>327</u>		Primary Registration District No. <u>6036</u>	
State File No. <u>22615</u>		Registrar's No. <u>1428</u>	
PLACE OF DEATH: (a) County <u>St. Louis</u> (b) City or town <u>Overland</u> (c) Name of hospital or institution <u>10592 Hobday</u> (d) Length of stay: Is hospital of institution <u>20 yrs</u> (e) In this community <u>20 yrs</u>		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Mo</u> (b) County <u>St. Louis</u> (c) City or town <u>Overland</u> (d) Street No. <u>10692 Hobday</u> (e) Citizen of foreign country? <u>No</u>	
(a) PRINT FULL NAME <u>Joseph F Velten</u> (b) If veteran, name was <u>None</u> (c) Social Security name was <u>None</u> (d) Name of husband or wife <u>Mary Ann Velten</u> (e) Birth date of deceased <u>Oct 27 1859</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH: Month <u>June</u> day <u>30</u> year <u>1944</u> hour <u>8:15 PM</u> 21. I hereby certify that I attended the deceased from <u>June 30 1944 to June 30 1944</u> that I last saw him alive on <u>June 27 1944</u> and that death occurred on the date and hour stated above. Immediate cause of death <u>Cerebral Hemorrhage</u> Due to <u>arteriosclerosis</u> Other conditions <u>None</u>	
AGE: Years <u>84</u> Months <u>8</u> Days <u>3</u> Birthplace <u>Tipton Ohio</u> Usual occupation <u>retired mailman carrier</u> Industry or Business <u>None</u>		(a) Single, widowed, married, divorced <u>W</u> (b) Age of husband or wife if alive <u>None</u> (c) Cause of death <u>Cerebral Hemorrhage</u> (d) Duration <u>3 days</u> (e) Underline the cause to which death should be charged structurally.	
12. Name <u>Michael Velten</u> 13. Birthplace <u>Unknown</u> 14. Maiden name <u>Catherine Miller</u> 15. Birthplace <u>Unknown Ohio</u> 16. Informant <u>Frank J Velten</u> 17. Address <u>St. Louis Mo</u> 18. Place: burial or cremation <u>Calvary Cemetery</u> 19. Signature of funeral director <u>Ortmann Funeral Home</u> 20. Address <u>2222 Lackland Overland Mo</u>		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) <u>None</u> (b) Date of occurrence <u>June 30 1944</u> (c) Where did injury occur? <u>None</u> (d) Did injury occur in or about home, on a farm, in industrial place, in public place? (e) While at work? <u>None</u> (f) Means of injury <u>None</u> 23. Signature <u>E. G. McShannon</u> (M. D. or other) <u>None</u> Address <u>St. Louis Mo</u> Date signed <u>Jan 30 44</u>	