

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33732
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 5373 Easton, Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ARMANDO VIETA
(a) Residence, No. 5373 Easton, Ave., St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche E. Vieta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1862

7. AGE YEARS 76 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Havana,
(STATE OR COUNTRY) Cuba

13. NAME Valentine Vieta

14. BIRTHPLACE (CITY OR TOWN) Havana,
(STATE OR COUNTRY) Cuba

15. MAIDEN NAME (unknown) Panchita

16. BIRTHPLACE (CITY OR TOWN) Havana,
(STATE OR COUNTRY) Cuba.

17. INFORMANT Blanche E. Vieta.
(ADDRESS) 5373 Easton, Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem., DATE Oct. 7th, 1938

19. FUNERAL DIRECTOR (NAME) C.R. Lupton & Sons.
(ADDRESS) 7233 Delmar, Blyd.,

20. FILED OCT 6 1938 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1920, to Oct. 5, 1938

I last saw him alive on 10-4-38, 19..... Death is said to have occurred on the date stated above at 11:45 am

The principal cause of death and related causes of importance were as follows:

Cancer of breast removed 1920
45
Other contributory causes of importance:

Name of operation Radical Operation Date of 1920

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Bradford Cannon, M. D.
(Address) 5132 Waterman

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14828

Mr. V. P. Blair
Trust Bldg
JE 5470
1 - 30 P.M.

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,

Bradford A. Miles

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Bradford A. Miles

Licensed Embalmer No.

2701

P. O. Address

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 291
 (b) Township..... Primary Registration District No..... 1003 Registered No..... 8718
 (c) City..... or..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

Armando Vieta

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED Dec. 5, 1938

J. J. Brueck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Buccal Mucosa

Date of onset

45

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X18605

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SUPPLEMENTARY

S-33732

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.