

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

201
 Do not use this space.

REC'D FEB 10 1939

791
 1003

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 4549 Westminster 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.

Registered No. 201

2. PRINT FULL NAME

(a) Residence, No. 4549 Westminster St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Alberdine Vieweg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1969

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 7

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

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

FATHER 13. NAME Hendrick J. Vieweg

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

MOTHER 15. MAIDEN NAME Maria W.M. Buwman

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

17. INFORMANT Mrs. Alberdine Vieweg
 (ADDRESS) 4549 Westminster

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cren. DATE Jan. 7, 1939

19. FUNERAL DIRECTOR (NAME) Herman Rindke
 (ADDRESS) 5216 Delmar Blvd.

20. FILED JAN 8 1939 J. D. Budick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Jan 5, 1939
 I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 10:45 Am.
 The principal cause of death and related causes of importance were as follows:

Myocardial Date of onset 5 yrs.
Coronary Thrombosis 5 hrs

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Physical 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) D. S. Lewis, M. D.
 (Address) 452 N. Taylor

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.

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

Chas W. Cooper

Licensed Embalmer No. *3880*

P. O. Address *5216 Delmar*

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.