

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED-APR 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

9330

3106

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

179

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3620 Indiana Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community..... 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County..... 24. 000 17

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 Indiana Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Allan E. Vieten

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 th  
year 1942 hour 7 minute 30 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Anna

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased..... July 8 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 14, 1941, to April 4, 1942  
that I last saw him alive on April 4, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 8 27 ..hr. ..min.

Immediate cause of death..... Chronic Myocarditis

Due to..... Chronic nephritis

Due to..... Arteriosclerosis

9. Birthplace..... Franklin Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

Other conditions..... 131  
(Include pregnancy within 3 months of death)

MOTHER, FATHER {

12. Name Henry Vieten

13. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Martin

15. Birthplace..... Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Anna Vieten

(b) Address..... 3620 Indiana Ave.

17. (a) Burial..... (b) Date thereof..... 4/7/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthew Cemetery

18. (a) Signature of funeral director..... Hester, W. L. & Co.

(b) Address..... 3634 Gravois Ave.

19. (a) APR 7 1942 J. F. Bredock  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work?..... (Specify type of place)

23. Signature..... G. E. Maffler (M. D. or other).....  
Address..... 3537 S. Jefferson Date signed..... April 6/42

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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.....

*Robert C. Wheeler*

Licensed Embalmer No.....

*2128*

P. O. Address.....

*Dr. J. C. ...*

**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, fact should be so stated above.**