

V. S. No. 2
 FORM-8-43
 Rev. 5-17-39
 I X37823

FILED AUG 21 1944
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
4888 Carter 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 yrs.
years, months or days

3. (a) PRINT FULL NAME Frank J. Vieth
 (b) If veteran, name war. No
 (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Martha Vieth
 (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Sept. 20 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Madison County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business Paper Hanger

MOTHER FATHER

12. Name Henry Vieth
 13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Mehlig
 15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Vieth
 (b) Address 4888 Carter

17. (a) Burial (b) Date thereof 8-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Suedmeyer & Sons
 (b) Address 3934 N. 20th St.

19. (a) AUG 10 1944 J. F. Brudeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4888 Carter
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
 year 1944 hour 9 minute 15 A. M.
 21. I hereby certify that I attended the deceased from 7-22-44
2-28-47 to 8-9-44
 that I last saw him alive on 8-6-44, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral
 Due to _____
Stroke
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: None seen
 Of operations _____
 Of autopsy not done

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

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? _____

23. Signature Oleiver Abel (M. D. or other) MD
(Specify type of place) Means of injury _____
 Address 4952 Mayfield Ave Date signed 8-10-44

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..... *Alfred J. Boedker*

Licensed Embalmer No. *2663* ~~*5934 Alpha*~~

P. O. Address..... *St. Louis 5934 Alpha*

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.