S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8319

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Truesdale (If outside city or town limits, write "RURAL" and name of township) Twp Warren
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Warrenton (If outside city or town limits, write "RURAL") /
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frederick H. Vieth
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Caroline Vieth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15, 1860 (Month) (Day) (Year)
8. AGE: Years 85 Months 7 Days 22 If less than one day hr. min.
9. Birthplace Warren County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired mail carrier
11. Industry or business
FATHER 12. Name Anton Vieth
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Petersmeyer
15. Birthplace Germany 11 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Gust. Pauk
(b) Address Warrenton, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lippstadt Church Cem. Warrent County, Mo.
18. (a) Signature of funeral director F.W.Nieburg & Co.
(b) Address Warrenton, Mo.
19. (a) Feb 10. 1946 (Date received local registrar) (b) Mrs Hugo Luttmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1946 hour 4:40 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 30, 1946 to Feb. 7, 1946 that I last saw him alive on Feb. 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	10 days
Due to Arteriosclerosis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 8385

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Alvord N. Martin (M. D. or other) Dr.
Address Warrenton, Mo. Date signed 2/8/46

333 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-8-46

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 John E. Herlinger, Registered Apprentice No. 375, working under my personal supervision.

Signed John T. Frieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, Mo

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.