

S. No. 2
OM-5-43
v. 5-17-39
No. I, X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7072

FILED FEB 24 1947

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1597**

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:
3767 Lee Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
in this community..... **57 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **osceola**

(c) City or town **St. Louis** / **1017**
(If outside city or town limits, write "RURAL")

(d) Street No. **3767 Lee Avenue** / **9**
(If rural, give location)

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

3. (a) PRINT FULL NAME **ANTON A. VIETH**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **494-26-7306**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **14th**
year **1947** hour **7** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Jan 31**
1947 to **Feb 14** **1947**
that I last saw him alive on **Feb 14** **1947**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Anna L. Vieth**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased: **February 26, 1890**
(Month) (Day) (Year)

Immediate cause of death **Crownary Occlusion**
Chr. Myocarditis

Due to.....

Due to.....

8. AGE:	Years	Months	Days	If less than one day
	56	11	18 hr. min.

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

Major findings:
Of operations.....

Of autopsy.....

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

PHYSICIAN

Underline the cause to which death should be charged statistically.

9/2

11. Industry or business.....

12. Name **William Vieth**

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

14. Maiden name **Mary Fischer**

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

16. (a) Informant **Mrs. Anna L. Vieth**

(b) Address **3767 Lee Avenue**

17. (a) **Burial** (b) Date thereof **2-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

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?

18. (a) Signature of funeral director *[Signature]*

(b) Address **2117 E. Grand Blvd.**

19. (a) **FEB 16 1947** (b) *J. F. Bredeek*
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature *Aloysius A. Zell* (M. D. or other)
Address **3901 W. Franklin** Date signed **2/15/47**

FILED FEB 1 1937

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 *Frank A. Moore*.....

Licensed Embalmer No. *3041*.....

P. O. Address *2117 E Grand*.....

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.