

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027529
STATE FILE NUMBER

318

1003

6797
Registrar's No.

48162-57
FILED JUL 18 1958

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>JEFFERSON</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>ST LOUIS</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>DE SOTO 0500</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <i>CARDINAL GLENNON 60 days</i>		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>29 Route #3</i>	
3. NAME OF DECEASED (Type or print) First <i>RODGER</i> Middle <i>ALLEN</i> Last <i>VIEHMAN</i>		4. DATE OF DEATH Month <i>JULY</i> Day <i>4</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 28, 1958</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>6</i> Months <i>6</i> Days <i>6</i> Hours <i>6</i> Min.
11. BIRTHPLACE (City and state or country) <i>FESTUS, MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>JACK A. VIEHMAN</i>		14. MOTHER'S MAIDEN NAME <i>JOSEPHINE L. SOLOMON</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>JACK A. VIEHMAN</i> Address <i>Route #3 De Soto, Mo</i>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Renal failure</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Congenital hypoplastic kidney, Bilateral</i>		<i>6/28/58 to 7/4/58</i>
DUE TO (c) <i>757.3</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) <i>Atelectasis Neonatal; Hyaline Membrane Disease</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <i>1</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i>Hour</i> Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>7/1/58</i> to <i>expiration</i> and last saw her/him alive on <i>7/4/58</i> Death occurred at <i>6:55 pm 7/4/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>Lester E. Swan M.D.</i>	22b. ADDRESS <i>Cardinal Glennon Hospital</i>	22c. DATE SIGNED <i>7/5/58</i>
23a. BURIAL CREMATION (Specify) <i>Burial</i>	23b. DATE <i>7/6/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i>
23d. LOCATION (City, town, or county) <i>DE SOTO</i>		(State) <i>MO</i>
24. FUNERAL DIRECTOR <i>MAHD Funeral Home</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>JUL 8 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

(Licensed Embolmer's Statement on Reverse Side).

Health, Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.