

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1929

2442

1. PLACE OF DEATH

County Monroe
Township Miller
City St. Louis (No. 9)

Registration District No. 1040
Primary Registration District No. 6276

File No. 2442
Registered No. 1
St. St. Louis Ward 1

2. FULL NAME

John Viessman
(a) Residence. No. 1 St. St. Louis Ward 1
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Katty Viessman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 10 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. 0 min. 0

75 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis
Mo.

10. NAME OF FATHER

John Viessman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis
Mo.

12. MAIDEN NAME OF MOTHER

Anna Lautbach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Robert Viessman
Bricktown Mo.

15.

FILED

Jan. 10, 1929 E. W. Winkelmann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

January 10 19 29

17.

I HEREBY CERTIFY, That I attended deceased from

Jan. 9, 1929, 1929, to Jan. 10, 1929, 1929,
that I last saw him alive on January 7, 1929, and that
death occurred, on the date stated above, at 12:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial Nephritis

131 127 11 7
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

0 DID AN OPERATION PRECEDE DEATH... NO... DATE OF...

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Robert E. Gates, M.D.

, 19 29 (Address) Bricktown Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bricktown Mo.

Jan 11 19 29

20. UNDERTAKER

ADDRESS

Amfaymole

St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

