

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

Do not use this space.

6312

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1160  
 Township Central Primary Registration District No. 4470  
 City University (No. 7068, Allison Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Vishneau  
 (a) Residence No. 7068 Allison St. Ave Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 14

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Greenwood  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1892  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 4 29  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Insurance salesman  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER John B. Vishneau  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Margaret Giles  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

14. INFORMANT John Vishneau  
 (Address) 7068 Allison ave  
 15. FILED 2-19 1930 Lena V. Moeller  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 30  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ a. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chc myocarditis  
930.  
97 (duration) yrs. mos. ds.  
 CONTRIBUTORY broken heart  
 (SECONDARY) (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED 90 B  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Medical history  
 (Signed) John D. Bauer M. D.  
2/18 1930 (Address) Canon of, St. Louis County  
 \*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 Central Cem. DATE OF BURIAL Feb 20 1930  
 20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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1930

