

NOV 28 1930

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

Do not use this space.

34059

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City Koch

Registration District No. 1123  
Primary Registration District No. 4248 B  
(No. Koch Hosp.)

File No. \_\_\_\_\_  
Registered No. 337  
St. \_\_\_\_\_ (Ward)

2. FULL NAME VIERLING Frederick

(a) Residence. No. 4712 Pennsylvania st. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. 11 mos. 45 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8th. 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 8 28 in

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Ammonia Worker  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER George Vierling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wilhelmina Hitschler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Koch Hospital Records  
(Address) Koch Missouri

15. FILED Oct 8, 1930 L. C. O'Brad  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1925, 19... Oct. 6, 1930, 19... that I last saw h... in life on Oct. 6 1930, 19... and that death occurred, on the date stated above, at... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

23A  
About (duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Unknown  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 31  
IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF...  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum  
(Signed) Royall A. Weir M. D.  
Resident physician  
10/6/30 (Address) Koch Hospital

\*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 St. Pauls Church Yard DATE OF BURIAL Oct. 9th 30

20. UNDERTAKER W. H. Schumacher ADDRESS 3013 Meramec St.

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.

