

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

Do not use this space.

1. PLACE OF DEATH

96 County St Louis Co Registration District No. 790
 Township _____ Primary Registration District No. 6033
 7 City Co Cayton (No. St Louis County Hospital St. _____ Ward)

File No. **21004**

Registered No. _____

2. FULL NAME

(a) Residence, No. 7901 Neil Ave Shrewsbury Mo Ward _____

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-33

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 days - - 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co Cayton

13. NAME William Vietus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Maria Friedrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Mrs Vietus (mother) (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 6-16-33

19. UNDERTAKER Louis St Bopp (ADDRESS) Hickwood Mo

20. FILED June 15 1933 K. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933 to June 13, 1933

I last saw him alive on June 13, 1933. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

159

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) St Louis Co Hospital

(Address) St Louis Co Hospital

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.

