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.

JAN 8, 1934

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

Do not use this space.

37936

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~

Township ..... Primary Registration District No. .....

City St. Louis (No. 3636, Willmington St. ..... Ward)

File No. .....

Registered No. 9560

2. FULL NAME Harry Vierheller

(a) Residence, No. # 3636 Willmington St., 1 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 nd. 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical 51

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor 53

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

11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME Henry Vierheller

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

MOTHER

15. MAIDEN NAME Elizabeth Fennell

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

17. INFORMANT (ADDRESS) Endora Vierheller 3636 Willmington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE Nov. 7th. 1933

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED ..... 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4th. 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1930 to Novb 4, 1933

I last saw him alive on Novbr 4th, 1933 Death is said to have occurred on the date stated above, at 3p.m.

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

	Date of onset
angia sarcoma cervical spine 8 R rib L Kid and liver	July 1930

Other contributory causes of importance:

paralysis from pressure on spine cord — Oct 1

Name of operation none Date of .....

What test confirmed diagnosis? Biopsy 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 ....., 19....

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) Herbert G. [illegible], M. D.

(Address) 606 Carleton Bldg

10 to 12:30
Carleton Bldg.