

SEP 14 1937

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

32574
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **1035** **Tillie Ave.** St. **8**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. **42** mos. **4** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY VIEDENSCHER
(a) Residence, No. **1035 TILLIE AVE.** St. **8**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 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 **JOHN VIEDENSCHER**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 11-1862**
7. AGE YEARS **75** MONTHS **4** DAYS **2** IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Own**
9. Industry or business in which work was done, as saw mill, bank, etc. **House Work**
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) **AUSTRIA**

FATHER 13. NAME **MIKEL SUPAN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **AUSTRIA**

MOTHER 15. MAIDEN NAME **MARIE PLAHUTA**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **AUSTRIA**

17. INFORMANT (ADDRESS) **JOHN VIEDENSCHER**
1035 TILLIE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEM.** DATE **SEPT. 15 1937**

19. FUNERAL DIRECTOR (ADDRESS) **DIETRICH FUNERAL HOME**
8219 HALLS FERRY RD.

20. **SEP 14 1937** 19 **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 13 1937**

22. I HEREBY CERTIFY, that I attended deceased from **Sept 13 1936** to **Sept 13 1937**
I last saw her alive on **Sept 13 1937** Death is said to have occurred on the date stated above, at **9:40 a.m.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver Date of onset **1934**
Chronic Hepatitis **1936**
Chr. Myocarditis **1936**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? **30**
If so, specify
(Signed) **J. R. Morris** M. D.
(Address) **8209 E. N. Broadway**

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.

3000 8990

STATEMENT BY LICENSED EMBALMER

I, Arthur R. Diehrich, Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur R. Diehrich

8319 Hall's Ferry Rd. L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Arthur R. Diehrich
Licensed Embalmer No. 3556

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)