

NOV 23 1937

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

38821
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790
 (b) Township _____ Primary Registration District No. 6088 a Registered No. 392
 (c) City Clayton (d) Street No. St. Louis County Hosp. St.
 (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. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

MINNIE VIETH
 (a) Residence, No. 7815 Folk Ave St. Maplewood, Mo.
 (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 Ernest Vieth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 - 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as 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) Rochester New York

13. NAME John Betts
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria Germany

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ernest Vieth (husband)
 (ADDRESS) 7815 Folk Ave

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE 10/28 37

19. FUNERAL DIRECTOR Croghan and Co Inc
 (ADDRESS) 7146 Manchester Ave.

20. FILED 10/27 1937 Orly Sigiorelli
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25 193722. I HEREBY CERTIFY, That I attended deceased from 9-7 1937, to 10-25 1937

I last saw her alive on 10-25 1937. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Degenerating malignancy of descending colon
Carcinoma
 Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. H. Thurman M. D.(Address) St. Louis Co. Hospital

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)