

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

13022
Do not use this space.

3626

1. PLACE OF DEATH

(a) County..... Registration District No.
 (b) Township..... Primary Registration District No.
 (c) City St. Louis..... (d) Street No. 450 Bellerive Bld...... 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph O. Vielhaber 416

(a) Residence, No. 450 Bellerive Blvd. St. 15
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12th, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired (20 yrs)9. Industry or business in which work was done, as saw mill, bank, etc. Clerk

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) St. Louis, Mo.13. NAME Casper Vielhaber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Eva Schmitt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Emma Vielhaber
450 Bellerive Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE April, 20 - 193819. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle
2331 S. Broadway20. FILED APR 19 1938J. B. Brediek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 17th, 193822. I HEREBY CERTIFY, That I attended deceased from Feb., 1938, to Apr. 16, 1938I last saw him alive on Apr. 16, 1938. Death is saidto have occurred on the date stated above, at 4 A. M.

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

Hypertension and arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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? No

If so, specify

(Signed) Robert S. Nye, M. D.(Address) 2931 Broadway Ave.

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Dyland, Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank J. Dyland
Licensed Embalmer No. 2645

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.)