

1938 AUG 12

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

24003

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 3818 S. Compton 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.

Registered No. 6697

2. PRINT FULL NAME Mr. Adolphus L. Vien

(a) Residence, No. 3818 S. Compton St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Ella Hackbusch Vien
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29th, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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 40 yrs

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri

13. NAME Louis A. Vien

14. BIRTHPLACE (CITY OR TOWN) Missouri

15. MAIDEN NAME Josephine Bushard

16. BIRTHPLACE (CITY OR TOWN) Missouri

17. INFORMANT Mrs. Carl Vien (ADDRESS) 3818 S. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem. DATE July 21, 1938

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Ave.

20. FILED JUL 27 1938 J. F. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5th, 1938, to July 25th, 1938. I last saw him alive on July 20th, 1938. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Myocardial infarction
Pulmonary edema (terminal)
no pneumonia
Date of onset: several months ago

Other contributory causes of importance

Name of operation none Date of -
What test confirmed diagnosis: Clinical 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? No

(Signed) Carl Splein M. D.

(Address) 2632 South Kirk Highway

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.

Dr. Arnold K. ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

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

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 3737

P. O. Address 1936 W. Louis Ave

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.)

If this body is not embalmed, above space should be left blank: