

1939 JUL 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22441
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson
(b) Township Waverly
(c) City

Registration District No. 425
Primary Registration District No. 5580

Registered No. 12-17

(e) Length of residence in city or town where death occurred 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

VIEHLAND CHRISTIAN FREDERICH HERMAN

(a) Residence, No. Oermann Jefferson Co Mo St.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1860

7. AGE YEARS 79 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) Sept 1938
11. Total time (years) spent in this occupation 55 1/2

12. BIRTHPLACE (CITY OR TOWN) Oermann (STATE OR COUNTRY) Jefferson County Mo

13. NAME Chas. Viehland

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Schultz

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

17. INFORMANT (ADDRESS) Mrs. C. C. Viehland Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Dittmer Mo DATE June 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Brimmer House Springs Mo

20. FILED J. A. Downum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1939

22. I HEREBY CERTIFY That I attended deceased from July 13th 1939 to May 25th 1939

I last saw him alive on March 1st 1939. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Chronic Myocarditis
Date of onset 1931

Other contributory causes of importance: Cerebro Sclerosis Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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

If so, specify _____

(Signed) T. P. Edwards, M. D.

(Address) Ordar Hill Mo

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 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

John H. Brimmer

Licensed Embalmer No.

1470

P. O. Address

House Spring Mo.

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.