

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4291**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **3740 Shreve Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Vincent A. Wieda**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **494-09-7350**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ethel Scanlon Wieda**  
6. (c) Age of husband or wife if alive **51** years  
**Feb 22 1877**  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **63** Months **2** Days **21**  
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**  
18. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marion Weida**  
(b) Address **3740 Shreve Ave**

17. (a) **Burial** (b) Date thereof **5/15/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**  
**Stroot - Carroll**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **4600 Natural Bridge Ave**  
**MAY 14 1940**

19. (a) **MAY 14 1940** (b) **J. B. Buddeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3730 Shreve Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**  
year **1940**, hour **10** minute **a** M.

21. I hereby certify that I attended the deceased from **3-20**, 19**40**, to **5-13**, 19**40**.  
that I last saw him alive on **5-13**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
Duration **4 mo.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Eugene J. Arnold** (M. D. or other) **M.D.**

Address **4356 Warsaw** Date signed **5/13/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

FEB 25 1958

FEB 26 1958

**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

*Sheldon Callier*

Licensed Embalmer No. *3382*

P. O. Address .....

**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.