S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20479

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5427

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

1035 Tillie Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 15 Year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 8

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. 1035 Tillie Av (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Viedemschek 352

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary V Viedemschek

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 29 (Day) 1861 (Year)

8. AGE: Years 78 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) 7 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business 7

FATHER 12. Name Unknown Viedemschek 7

13. Birthplace Austria (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Un known

15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Viedemschek

(b) Address 1033 Tillie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) JUN 24 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1940 hour 9 minute 45p. M.

21. I hereby certify that I attended the deceased from About 10, 1940, to June 23, 1940 that I last saw him alive on June 23 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Duration 3 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ch. Nephritis (Interstitial)

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John A. Morris (M. D. or other)

Address Jefferson & Bamm Date signed 6/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur P. Diedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis City

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.