

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

40167

State File No.

Registrar's No. 9883

Registration District No. 24 1942 91

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5507 Holly Hills Avenue
(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 Laura Vierheller
3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 24, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 4 19 hr. min.

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

10. Usual occupation At home

11. Industry or business.....
MOTHER FATHER { 12. Name Henry Vierheller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Daub,
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant George P. Vierheller
(b) Address 6332 Wydown Blvd.

17. (a) Burial (b) Date thereof 12/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Robert J. Ambruster
Clayton Rd. at Concordia Lane
(b) Address.....

19. (a) DEC 13 1941 (b) J. F. Brusek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5507 Holly Hills Drive
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1941 hour 4 minute 50 A. M.
21. I hereby certify that I attended the deceased from Nov 1937
57 1937 to Dec. 13 1941.
that I last saw her alive on Dec. 12 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Myocardial failure 2 wks
Due to Myocardial insufficiency 1 yr
Due to Bronchial Asthma 4 yrs
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature Jim White (M. D. XXXXX)
Address 1952 Maryland Ave. Date signed 12/13/41

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

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.....

Licensed Embalmer No. 1994

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, fact should be so stated above.