

LED JAN 21 1943

Registration District No. 818

Primary Registration District No.

Registrar's No. 411

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:  
4651 So. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 64 years  
years, months or days

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. 4651 So. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Sophia Viermann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August Viermann 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 23, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 9 20 hr. min.

9. Birthplace Totenhausem by Minder, Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Wehking

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. August Viermann

(b) Address 4651 So. Broadway

17. (a) Burial (b) Date thereof Jan. 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JAN 15 1943 J. F. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 3rd  
1942 to Jan 17th 1943  
that I last saw h.c.f. alive on January 17th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Necrosis  
Chronic Intestinal

Due to Flapstoma 2 yrs  
arterial sclerosis 2 yrs

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

Other conditions  
(Include pregnancy within 3 months of death)

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

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

Duration

3 mo

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 W. D. ... M. D. or other \_\_\_\_\_  
Address 2105 ... Date signed 1/13/43

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

MOTHER FATHER

Dr Wm. H. Aufder...  
3101 Avenue...  
7-8 P.m. Wed.

---

---

**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. 3737

P. O. Address. 1936 St. Louis

**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.**