7. S. No. 2
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FILED MAR 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7731

Registration District No. 184 | Primary Registration District No. 111 | Registrar's No. 484

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

1. PLACE OF DEATH:
(a) County: St. Louis,
(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: California (b) County: 4
(c) City or town: Patterson
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: Vincent C. Vielhaber M.D.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Peggy Ann Vielhaber
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December 28, 1913. (Month) (Day) (Year)

8. AGE: Years 29 | Months 1 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis, Mo., (City, town, or county) (State or foreign country)
10. Usual occupation: Medical Doctor
11. Industry or business .....

FATHER
12. Name: Robert G. Vielhaber
13. Birthplace: St. Louis, Mo., (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna C. Benz
15. Birthplace: St. Louis, Mo., (City, town, or county) (State or foreign country)

16. (a) Informant: Peggy Ann Vielhaber
(b) Address: 3625 Michigan Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation: New SS. Peter & Paul Cem.
18. (a) Signature of funeral director: Geben. Bent
(b) Address: 2842 Meramec St.
19. (a) FEB 26 1943 (Date received local registrar) (b) C. G. McHarg Jr. M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1943 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 20, 1943 to Feb 25, 1943 that I last saw him alive on Feb 24, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | 2 mos |
| Due to: Chron. Glomerulon nephritis | 7 yrs |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 131 f | |
| 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 ✓
(f) Signature: Harlan Sella (M. D. or other)
Address: 5720 Washington Date signed: 2/28/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 9 1944

## 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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Joe S. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 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, fact should be so stated above.**