

FILED OCT 2 - 1943

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 2194

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Page & Warson Roads
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William W. Viehmann

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lillie Petersen 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 8 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name P. William Viehmann
13. Birthplace Clayton Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Voelker
15. Birthplace Clayton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Viehmann
(b) Address Clayton, Mo. R#2
17. (a) Burial (b) Date thereof 9-30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Chas. W. Broadbent
(b) Address 2504 Woodson Overland Mo.
19. (a) SEP 29 1943 (b) C. G. McCarney
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096
(c) City or town Clayton-Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Page & Warson Roads
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept 18, 1934, to Sept 27, 1943
that I last saw him alive on Sept 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY SCLEROSIS
Duration _____

Due to _____

Due to _____ 94a

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 MD
23. Signature Thomas J. Townsend (M. D. or other) MD
Address 3101 Sutton Ave Maplewood Date signed 9-27-43
770

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address. *Overland 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.