

FILED NOV 29 1943

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5211a Murdoch Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
years, months or days) _____

3. (a) PRINT FULL NAME Theodore C. Vierheller

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

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

6. (b) Name of husband or wife Catherine Schirm Vierheller 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March 26 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Belleville - Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Meat Packing

12. Name Theodore Vierheller Sr

13. Birthplace Belleville - Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Schellmann

15. Birthplace Belleville - Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Catherine Vierheller

(b) Address 5211a Murdoch Ave

17. (a) Burial (b) Date thereof Nov 16, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director John S. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) NOV 15 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County XX
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5211a Murdoch Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1943 hour 4.30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

*Coronary Occlusion
arteriosclerosis*

Due to _____

Due to _____

Other conditions _____
(Includes 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) (a) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address 1113/4 Date signed 11/13/43

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

MOTHER FATHER

13

17
14

847

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..... *E. P. Kidwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *7027 Gravois ave*.....

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.