

D DEC 4 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2630

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ballwin Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ballwin Manchester
(If outside city or town limits, write "RURAL")
 (d) Street No. Manchester Nursing Home
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Minnie Vierkoetter

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct 27 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>27</u>hr.min.

9. Birthplace Cincinnati Ohio Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business.....

12. Name Herman Tiemann

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

14. Maiden name Louisa Gluesenkamp

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

16. (a) Informant Edward Nolte

(b) Address 3441 Manhattan Ave.

17. (a) Burial (b) Date thereof Nov. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Jay B. Smith
7456 Manchester Maplewood

(b) Address.....
19. (a) NOV 29 1943 (b) C. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1943 hour 3 minute 7 M.

21. I hereby certify that I attended the deceased from 4-8-43
..... 19..... to 11-24- 19.....
that I last saw h. alive on 11-23- 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Senility

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 C. G. Mc Gowan (M. D. or other) MD
Address Crown Point, Mo Date signed 11-24-43

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

MOTHER FATHER

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 3454.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson.....

Licensed Embalmer No. 3454.....

P. O. Address 7456 Manchester.....

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.

Maplewood