

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2154
Registrar's No. 104

Filed JAN 20 1945
Registration District 3020

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether 1)
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA ELIZABETH VIETH

3. (b) If veteran, name war _____ 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 February 14 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 9 12 hr. _____ min.

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____

12. Name Herman Begeeman

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

14. Maiden name Frederika Wilke

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

16. (a) Informant Mrs. Lydia Vieth

(b) Address Warrenton, Mo

17. (a) Burial (b) Date thereof 11-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLSTEIN, MO

18. (a) Signature of funeral director J.W. Weiburg & Co.

(b) Address Warrenton, Mo

19. (a) 11/29/44 (b) Luella R. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1944 hour 7:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 1 1944 to Nov 26 1944 that I last saw her alive on Nov 26 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis

Due to general arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____ Of autopsy _____

Duration 2 days

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 Herbert H. Schaudt (M. D. or other) MD
Address Marionville, Mo Date signed 11-26-44

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

6662

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-18-45

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.....

John J. Hieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.