

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: DePaul Hospital
(d) Length of stay: In hospital or institution 24 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(d) Street No. 7121 Greenhaven
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Vietmeier
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18th
year 1945 hour 1:15 PM minute M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 22, 1945

21. I hereby certify that I attended the deceased from Feb 23 1945 to Mar 15 1945
that I last saw her alive on Mar 15 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 24 hr min

Immediate cause of death: Premature
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace St. Louis Mo.
10. Usual occupation Child

11. Industry or business
12. Name August J. Vietmeier
13. Birthplace St. Louis Mo.
14. Maiden name Marguerite Boland
15. Birthplace St. Louis Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant August J. Vietmeier
(b) Address 7121 Greenhaven Jennings Mo
17. (a) Burial, cremation, or removal Burial
(b) Date thereof 3/19/45
(c) Place: burial or cremation Calvary Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) Date received local registrar MAR 19 1945
Registrar's signature

23. Signature J. Wister White (M. D. or other)
Address 4500
Date signed 3/19/45

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

100
7
9

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 *Welford G. Burnley*.....

Licensed Embalmer No. *42030*.....

P. O. Address *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.