

FILED MAR 13 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1819

1. PLACE OF DEATH:

(a) County  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Christian Hospital, <sup>4411 no</sup> ~~hennestad~~  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution 30 minutes  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oac  
(c) City or town St. Louis 717  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4170 No. Euclid Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIERDAG, JOHN J.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-03-8609

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

(b) Name of husband or wife Minnie M. Vierdag 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 15 1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Liberty Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Production Manager

11. Industry or business St. Louis Screw & Bolt Co

12. Name Henry Vierdag 9

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

14. Maiden name Unavailable

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

16. (a) Informant Mrs. John Vierdag 1  
(b) Address 4170 N. Euclid Ave.

17. (a) Burial (b) Date thereof Feb 25 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Gr. Cemetery  
Smith Center, Missouri  
(d) Address 4024 Lindell Blvd.  
(e) Date received local registrar FEB 24 1946 (f) J. F. Brenek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1946 hour 2 minute 46 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 1. Acute pulmonary embolism Duration  
2. Fracture of ribs when he was  
struck by a crane operated by  
operator of same plant while working  
at the St. Louis Screw and Bolt Company  
4400 W. Broadway, Apartment 1008  
Feb. 21 1946

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

Major findings 195  
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) Accident, m.v.  
(b) Date of occurrence Feb 21 1946  
(c) Where did injury occur? at home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury labor

23. Signature Dr. Alfred Berry (M. or other) Berry  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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.....

*John Ketta*  
Licensed Embalmer No.....

*3880*

P. O. Address.....

*4355 Washington*

**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.**