. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26161

FILED JUL 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6704

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: 1303 Sidney
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68-0-29
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2 3 1303 Sidney 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ott Viehman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 15 (Day) 1879 (Year)

8. AGE: Years 68 Months 0 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Ret Insurance Salesmen

11. Industry or business

FATHER
12. Name Richard Viehman
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Margaret Daab
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Natalie Kraemer
(b) Address 1303 Sidney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.

19. (a) JUL 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 5:10 minute P M.

21. I hereby certify that I attended the deceased from April 3 1939 to 7/14 1947
that I last saw him alive on 7/14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency — Duration 2 weeks
Chr. myocarditis hypotension — 2 yrs
Arterio-sclerosis — 5 yrs
Due to Malnutrition — 3 months
Senility — 3 years
Due to
Other conditions — 9 5/8
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature William H. Broeder (M. D. or other) MD
Address 1225 Sidney Date signed 7/15/47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) W. M. H. BROEDER

Dr Brodie
1225a Sidney
6-8 pm

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 Francis Williamson

Licensed Embalmer No. 3565

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.