No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 5

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 676

State File No. 30002

Registrar's No. 1897

1. PLACE OF DEATH:
(a) County: Jefferson Barracks
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 8-14-47 (Specify whether
In this community: 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 99
(c) City or town: Quincy
(If outside city or town limits, write "RURAL")
(d) Street No.: Soldier's and Sailor's Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: VIERS, John
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: None

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 12, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	19	hr. min.

9. Birthplace: Bedford, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Thomas Hartford Viers
13. Birthplace: Colubus, Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Kitty Green
15. Birthplace: Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cem.
18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.
(b) Address: 7814 S. Broadway
19. (a) 9-6-47 (Date received local registrar) (b) Carl C. Shaw M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 31
year: 1947 hour: 9:55 minute: A M.
21. I hereby certify that I attended the deceased from 8-14-47, 19..., to 8-31-47, 19...; that I last saw him alive on 8-31-47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: PERIPHERAL VASCULAR COLLAPSE

Due to: CONTRIBUTORY: PULMONARY EDEMA: CEREBRAL HEMORRHAGE: BENIGN PROSTATIC HYPERTROPHY;

Due to: CEREBRAL - SPINAL SYPHILIS

Other conditions (Include pregnancy within 3 months of death): 30

Major findings: Of operations: TRANSURERTHRAL RESECTION OF PROSTATIC HYPERTROPHY 8-22-47

Of autopsy: No 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): no
(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)
While at work? (e) Means of injury: 0
Signature: L. E. Stilwell (M. D. or other)
L.E. STILWELL, M.D.
Address: Vet. Adm. Hosp. Jeff. Bks., Mo. Date signed: 9-1-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1947

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.