No. 2
-1/47
-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. 36357

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9800

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: St. Anthony O
(If not in hospital or institution, write street number or location)

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

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 6607 Michigan
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Caroline E. Viedt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. Edward J. Viedt

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

7. Birth date of deceased 9 (Month) 28 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	23	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Dr. Benj. F. Sharpless
13. Birthplace Westchester (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Harriet Wollerton
15. Birthplace (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Dr. Fred S. Viedt
(b) Address 6818 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) OCT 22 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1947 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1947 to Oct. 21, 1947 that I last saw her alive on Oct. 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Gall Bladder (Primary)	?
Carcinoma of Liver (Secondary)	?
Contrib. Cholelithiasis	?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Oct. 13, 1947
Of autopsy
Carcinoma of GallBladder (Primary)
Carcinoma of Liver (Secondary)
Choleliathiasis

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)

While at work? (e) Means of injury

23. Signature A W Bitus (M. D. or other) M.D.

Address 4145 a S. Grand Blvd. Date signed 10/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. W. Peters

4145a So. Grand
2 to 4 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 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.