No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43880

FILED DEC 31 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2643

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(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 5 Mos. 5 days (Specify whether
In this community 5 Mos 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town East Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 304 North Drive
(If rural, give location)
(e) Citizen of foreign country? - - (Yes or No)
If yes, name country - -

3. (a) PRINT FULL NAME VIEREGGE, Louie
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 355 10 9013
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nova
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May (Month) 18 (Day) 1895 (Year)

8. AGE: Years 52 Months 7 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Mulberry Grove, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Mr. Joe Vieregge
13. Birthplace - (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Maggie Munton,
15. Birthplace - (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH, Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mulberry Grove, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington, St. Louis Mo.
19. (a) 12-20-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from July 14, 1947 to December 19, 1947;
that I last saw him alive on December 19, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER OF BLADDER WITH METASTASES. PERFERATION OF RECTUM WITH PERITONITIS	Unk.
Due to	
Due to 52 b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cystectomy and skin transplant of ureters
Of autopsy Autopsy performed (See cause of death)

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) None
(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
23. Signature L. E. Stilwell (M. D. ~~XXXXX~~)
Address Jefferson Barracks, Mo. Date signed 12/19/47

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

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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.