

No. 300
10-48
FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 6773
 State File No. 1785
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME 3623 PARIS AVE				d. STREET ADDRESS (If rural, give location) 3623 PARIS				
3. NAME OF DECEASED (Type or Print) LOUISE			a. (First)		b. (Middle)		c. (Last) VIERRETH	
4. DATE OF DEATH FEB. 23-1949		(Month) (Day) (Year)		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH April 10-1868		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 10 Days 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) TROY Ill.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME ANDREW KLEIN			13b. MOTHER'S MAIDEN NAME BERETHA ROTH		14. NAME OF HUSBAND OR WIFE FRED J. VIERRETH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Fred Vierreth ADDRESS 3623 Paris Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Nephrosclerosis, chronic (Arteriosclerotic nephritis)) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH (Many years) (Many years)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Senility 446X		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Feb. 20 , 19 49 , to _____, 19____, that I last saw the deceased alive on Feb 20 , 19 49 and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Birkle Eck (Degree or title) (M.D.)				23b. ADDRESS 4701 St. Louis Ave.		23c. DATE SIGNED Feb. 25 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 28/49		24c. NAME OF CEMETERY OR CREMATORY BETHANY CEM.		24d. LOCATION (City, town, or county) (State) St CHARLES Rd. St Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 23 1949		REGISTRAR'S SIGNATURE J. B. Casater		FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Howe		ADDRESS 8319 Halle Berry		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clement McManis

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.