

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39393
State File No. 10430

BIRTH NO. 84751-49 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 9.6 | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Robertson 6 | |
| c. LENGTH OF STAY (in this place) 2 days | | d. STREET ADDRESS (If rural, give location) W.R. AT HOSPITAL RT # 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY | | | |

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|---|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Groan</u> (Type or Print) | | b. (Middle) | | c. (Last) <u>VIERS #1</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3-1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Nov. 2-1949</u> | |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mat</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. D</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Groan Viers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rucille Cleary</u> | | 14. NAME OF HUSBAND OR WIFE <u>Groan Viers Robertson, Mo. R#1</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Groan Viers Robertson, Mo. R#1</u> | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | 18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> | |

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|--|--|--|--|---|--|
| 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) <u>137</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>17.57 1/2</u> | |

22. I hereby certify that I attended the deceased from 12/2, 1949, to 12/3, 1949, that I last saw the deceased alive on 12/3, 1949, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 23a. SIGNATURE <u>Frank B. Long M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>630-S. Kingshighway</u> | | 23c. DATE SIGNED <u>12/4/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-6-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bridgeton, Mo.</u> | |
| DATE FILED BY LOCAL REG. OFFICE <u>DEC 5 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara Borden Overland, Mo.</u> | | ADDRESS | |

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 _____

Was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland 17 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.