

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35420
8358
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 2003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay d. STREET ADDRESS (If rural, give location) 300 W. Ripa

d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital

3. NAME OF DECEASED (Type or Print)
a. (First) Louise b. (Middle) Viehland c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 2, 1894 9. AGE (In years last birthday) 55 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 18 Hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME John Senn 13b. MOTHER'S MAIDEN NAME Mary H 14. NAME OF HUSBAND OR WIFE Frank Viehland 300 W. Ripa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. non 17. INFORMANT'S SIGNATURE OR NAME Frank Viehland ADDRESS 300 W. Ripa, Lemay Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr Industrial Deafness

INTERVAL BETWEEN ONSET AND DEATH
5 yrs.
?
5 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from Sept 16, 1949, to Oct 1, 1950, that I last saw the deceased alive on 10-1, 1950, and that death occurred at 1200 m., from the causes and on the date stated above.

23a. SIGNATURE Miss Scudloff MD (Degree or title) 23b. ADDRESS 512 Doe Place 23c. DATE SIGNED 10-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-4-50 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem. 24d. LOCATION (City, town, or county) (State) Lemay Mo.

DATE REC'D BY LOCAL REG. OCT 4 1950 REGISTRAR'S SIGNATURE J. B. Fasola 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.

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

S.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *David L. Johnson*

Signed.....
Student Embalmer

Licensed Embalmer No. *14242*

P. O. Address *6322 60 St*

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.