

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31925

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8220**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2239</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>23 2027<sup>a</sup> LYNCH</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle)		c. (Last) <b>VIANA</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 14 1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W. 2</b>		8. DATE OF BIRTH <b>JAN 5 1901</b>		9. AGE (In years last birthday) <b>50</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Loose Wire Business</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>EDMOND VIANA</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE VERSCHAGE</b>			
14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>489-10-7505</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>EDMOND VIANA</b>		ADDRESS <b>2027<sup>a</sup> LYNCH</b>					
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) <b>Hypochromic anemia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hemorrhage from gastric ulcer?</b> DUE TO (b) 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>540, 1</b>			
22. I hereby certify that I attended the deceased from <b>9-11-51</b> , 19___, to <b>9-14-51</b> , 19___, that I last saw the deceased alive on <b>9-14-51</b> , 19___, and that death occurred at <b>7:55P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John T. Linton</b> (Degree or title) <b>D</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>9-15-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 18 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL</b>			
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b> ADDRESS <b>2906 Shavoie</b>					
DATE REC'D BY LOCAL REG. <b>SEP 17 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b> NO. <b>2013</b>					

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

*Leo J. Buddle*

Licensed Embalmer No.

*3989*

P. O. Address

*St. Louis, 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.