

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40151

State File No. ....

FILED DEC 8 - 1951  
BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 3842

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>3 YRS.</b>		4587	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1008 Bompert Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>1008 Bompert Ave.</b>	

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) <b>CHRISTINE VIETS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28 1951</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-27-1869</b>	9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY .....	11. BIRTHPLACE (State or foreign country) <b>Cole Camp Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Frederick Fisher</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Brunkhorst</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Viets</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. .....	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alena K. Smith Webster Groves</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>14 year</b> <b>10 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>diarrhea</b> DUE TO (c) <b>Arteriosclerosis and Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input 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?

22. I hereby certify that I attended the deceased from **12/21**, 19**50** to **11/28**, 19**51**, that I last saw the deceased alive on **11/27**, 19**51**, and that death occurred at **7:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. A. Gaudin M.D.</b>	23b. ADDRESS <b>193. Lockwood</b>	23c. DATE SIGNED <b>11/28/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov 30 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Creek Cem</b>
24d. LOCATION (City, town, or county) (State) <b>Cole Camp Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Webster Groves</b>	
DATE REC'D BY LOCAL REG. <b>11-28-51</b>	REGISTRAR'S SIGNATURE <b>Robert R. Donke</b>	26. STATEMENT ON REVERSE SIDE <b>66 Aldrich St. Mo</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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Webster Groves*

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.