

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14872
Registrar's No. 3687

FILED MAY 1 - 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>		d. STREET ADDRESS <u>13 5100 Arsenal</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>VIERLING</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>Sept. 10 1881</u>
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>EDWARD VIERLING</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE TURNS</u>	
14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		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.		17. INFORMANT'S SIGNATURE OR NAME <u>CARRIE SPARKS</u>	
17. ADDRESS <u>4479 FOREST PARK</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, left Maxilla</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	
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) <u>St. Louis, Mo.</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>196X</u>		22. I hereby certify that I attended the deceased from <u>Oct. 1, 1951</u> , to <u>Apr. 17, 1952</u> , that I last saw the deceased alive on <u>Apr. 17, 1952</u> , and that death occurred at <u>5:05 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Paul J. Brown M.D.</u>		23b. ADDRESS <u>5100 Arsenal St.</u>	
23c. DATE SIGNED <u>4/18/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	
24b. DATE <u>APR. 19 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	
25. ADDRESS <u>2906 Garvin</u>		DATE REC'D BY LOCAL REG. <u>APR 19 1952</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	

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

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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 James C. Dill

Licensed Embalmer No. 43479

P. O. Address 2906 Lewis

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.