S. No. 300
v. 10.48

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41750

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3031

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Pleasant
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Pleasant 4390
d. STREET ADDRESS (If rural, give location): Warson Road

3. NAME OF DECEASED (Type or Print)
a. (First): Conrad
b. (Middle): Philip
c. (Last): Viehmann

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Mar. 30, 1877
9. AGE (In years last birthday): 76 — 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): Truck Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Mt. Pleasant, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George A. Viehmann
13b. MOTHER'S MAIDEN NAME: Catherine Sauer
14. NAME OF HUSBAND OR WIFE: Louise M. Viehmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Louise M. Viehmann — ADDRESS: Clayton, Mo. R#2 Box 506

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Insufficiency — less than 6 months
DUE TO (c): Arteriosclerotic Heart Disease — Several years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerosis Generalized — Several years.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1/22, 1952, *to* 11/23, 1953, *that I last saw the deceased alive on* 6/8, 1953, *and that death occurred at* 6.00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert S. Hughes (Degree or title): M.D.
23b. ADDRESS: Creve Coeur, Mo.
23c. DATE SIGNED: 11/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-25-1953
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Ev. Cemetery
24d. LOCATION (City, town, or county) (State): Olivette, Mo.

DATE REC'D BY LOCAL REG.: 11/24/53
REGISTRAR'S SIGNATURE: Herbert R. Smoke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Baumann Bros — ADDRESS: 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Wm. Hughes Creve Coeur

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.