

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29427

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1896

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY OR TOWN Hillsdale		c. CITY OR TOWN Hillsdale		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 50 Yrs		e. STREET ADDRESS (If rural, give location) 1914 Lucas-Hunt Rd			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1914 Lucas-Hunt Rd		f. STREET ADDRESS (If rural, give location) 1914 Lucas-Hunt Rd			
3. NAME OF DECEASED (Type or Print) Charles Henry Viemp		a. (First) Charles		b. (Middle) Henry	
c. (Last) Viemp		4. DATE OF DEATH July 31 1954		7. (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH November 1 1869		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 YEAR: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plaster		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	
13a. FATHER'S NAME Charles Viemp		13b. MOTHER'S MAIDEN NAME Caroline Meyers		14. NAME OF HUSBAND OR WIFE Minnie Viemp	
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. unk.		17. INFORMANT'S SIGNATURE OR NAME Mrs Charles H. Viemp	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4221	
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 <u>2/27</u> , 19 <u>50</u> , to <u>7/31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/25</u> , 19 <u>54</u> , and that death occurred at <u>2:30 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Wm G. Inman		(Degree or title) MD		23b. ADDRESS 7315 Pasadena Blvd	
23c. DATE SIGNED 8/2/54		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE August 3 1954	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	
DATE REC'D BY LOCAL REG. 8/2/54		REGISTRAR'S SIGNATURE Heber B. Nambrey		ADDRESS 4828 Nat Bridge Blvd	

(Licensed Embalmer - Statement on Reverse Side)

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

No. 300

10-48

✓ 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.....
Signature of Student Embalmer

Signed..... *Ralph C. Zunder*

Licensed Embalmer No. 4278

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.