No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7335

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 912

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 1½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Lane Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 15 4240 Neosho Avenue 215 %

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie
b. (Middle) Welhelmina
c. (Last) Viets Viets

4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1956

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Dec. 26, 1880
9. AGE (In years last birthday) 75 — 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) School Teacher (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Howard School
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Viets
13b. MOTHER'S MAIDEN NAME Mary Lieding
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Mr. Walter Viets, 4240 Neosho Ave ADDRESS

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) Chronic myocarditis, Chronic myocarditis, Angina Pectoris + Hypertension — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES — Angina Pectoris with hypertension — 2 yrs.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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. Senility

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____ 420.2
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* June 15, 1954, *to* Jan. 26, 1956, *that I last saw the deceased alive on* Jan 26, 1956, *and that death occurred at* 2:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE C.W. Gaertner, M.D. (Degree or title) C.W. Gaertner, M.D.
23b. ADDRESS 1504 So. Grand 1504 So. Grand
23c. DATE SIGNED 1/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 28 1956
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) St. Louis County, (State) Missouri

DATE REC'D BY LOCAL REG. JAN 26 1956
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Ave ADDRESS

S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clement McNary

Licensed Embalmer No. 37

P. O. Address St. Lari

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.