

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

7381

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Warrenton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		c. CITY OR TOWN St. Charles 0923	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) George Adam Vierling		4. DATE OF DEATH Feb. 17, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 27, 1877
9. AGE (In years last birthday) 79		10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) St. Charles, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip Vierling		13b. MOTHER'S MAIDEN NAME Mary Ann Schneider	
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address William J. Lauer, Cottleville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Verdict of Coroner's Jury.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.			DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M.
DUE TO (c) Origin of fire undetermined. 9167			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1 Burning of Katie Jane Home.	
20c. TIME OF INJURY - 2:33 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Among home		20f. CITY, TOWN, OR LOCATION Warrenton	
20g. COUNTY Warrenton		20h. STATE Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. H. Knapp 998 D.C. Coroner		22b. ADDRESS Warrenton, Missouri	
22c. DATE SIGNED 3-6-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-22-57	
23c. NAME OF CEMETERY OR CREMATORY Cottleville Cem.		23d. LOCATION (City, town, or county) (State) Cottleville, Missouri	
24. FUNERAL DIRECTOR E.A. Keithly Funeral Home, O'Fallon, Mo.		25. DATE RECD. BY LOCAL REG. 3-6-57	
26. REGISTRAR'S SIGNATURE Floyd Logan			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John J. Lieburg .....

Licensed Embalmer No. 3897.....

P. O. Address Warrenton, N.....

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.