

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011473
STATE FILE NUMBER

Registrar No. 2 1892

Registration District No. _____ Primary Registration District No. _____

MAR 18 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN Shrewsbury, 4561	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If outside, give location) 7709 Lansdowne Ave.,	
3. NAME OF DECEASED (Type or print) First Robert Middle G. Last Vielhaber,		4. DATE OF DEATH Month February Day 21, Year 1959	
5. SEX Male.	6. COLOR OR RACE White,	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 17, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper,		10b. KIND OF BUSINESS OR INDUSTRY Self Employed,	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Joseph F. Vielhaber,		13b. MOTHER'S MAIDEN NAME Maria Overberg	14. NAME OF HUSBAND OR WIFE Anna C. Vielhaber,
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. 492-05-2983	17. INFORMANT Anna C. Vielhaber, 7709 Lansdowne Ave.,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis, massive DUE TO (c) 420.1			INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 wks
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 3/16/58 2:40 P.M.		and last saw him alive on 2/20/59 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Paul Kingma		22b. ADDRESS 689 E Big Bend	22c. DATE SIGNED 2/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/24/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		25. DATE RECD. BY LOCAL REG. 23 1959	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 embalmed by me, or by me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joe S. Benz.....

Licensed Embalmer No. 4219
2842 Meramec S
P. O. Address St. Louis, 18,

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.