

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042151

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9623 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Illinois b. COUNTY St. Clair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		c. CITY OR TOWN Belleville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 513 No. Illinois Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Henry C. Viehman			4. DATE OF DEATH Month Day Year September 25, 1963			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/22/1897	9. AGE (last birthday) 65	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Merchandise checker	10b. KIND OF BUSINESS OR INDUSTRY Warehouse	11. BIRTHPLACE (City and state or country) Belleville, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.
---	---	---	--

13a. FATHER'S NAME August Viehman	13b. MOTHER'S MAIDEN NAME Caroline Engle	14. NAME OF HUSBAND OR WIFE Mildred
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO.	17. INFORMANT Address Minnie Viehmann, Belleville, Ill.
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 420.1	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert J. Gardner</i> (Degree or title)	22b. ADDRESS <i>Belleville, Ill.</i>	22c. DATE SIGNED <i>9/26/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-28-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) Belleville, Ill.		(State)

24. FUNERAL DIRECTOR Gaerdner Funeral Home, Belleville, Illinois	25. DATE RECD. BY LOCAL REG. SEP 26 1963	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
--	--	--

VS 300 Rev. 4/59
 1
 2812071
 3
 4 0
 5 2
 6
 7 1
 8 1
 9
 10
 11
 1291-3
 13
 91
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF
 USE BLACK INK OR TYPEWRITER RIBBON

10-11-1911

8500

100

10-11-1911

10-11-1911

X

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

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 _____

John Maher

Licensed Embalmer No. 298-294

P. O. Address Greenville, Ill

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.

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911

10-11-1911