

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22301**

Registration District No. **784** Primary Registration District No. **117** Registrar's No. **1429**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Webster Groves, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**658 Amelia Ave., 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **96**  
 (c) City or town **Webster Groves** **7**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **658 Amelia Ave.,** **4**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country..... **0**

**3. (a) PRINT FULL NAME** **Leo E. Mier**  
 3. (b) If veteran, name war..... **None**  
 3. (c) Social Security No.....

4. Sex **Male**  5. Color or race **White**  
 6. (a) Single, widowed, married, divorced. **Married**  
 6. (b) Name of husband or wife..... **Alice Mier**  
 6. (c) Age of husband or wife if alive **48** years  
 7. Birth date of deceased **June 15, 1891**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **0** Days **17**  
 If less than one day  
 hr. min.

9. Birthplace **St. Louis, Missouri**   
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance**

11. Industry or business.....

**MOTHER FATHER**  
 12. Name **August Mier**  
 13. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth Schaefer**  
 15. Birthplace **Germany** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice Mier**  
 (b) Address **658 Amelia Ave.,**

17. (a) **Burial** (b) Date thereof **7-4-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mt. Olive**

18. (a) Signature of funeral director **Southern Funeral Home**  
**6322 S. Grand Blvd.**  
 (b) Address **JUL 2 - 1942**

19. (a) **JUL 2 - 1942** (b) **C. S. McQuinn**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **July** - day **2<sup>nd</sup>**  
 year **1942** hour **7** minute **A.M.**

21. I hereby certify that I attended the deceased from **Sept. 25**, 19**39**, **July - 2**, 19**42**  
 that I last saw him alive on **July 2**, 19**42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Infarction of Myocardium** **3:17-42**  
**Due to Arterio-Sclerotic Coronary** **3 1/2 mac**  
**Thrombosis**  
**Thrombosis Right Femoral Artery**  
**necessitating amputation Rt Leg** **4-15-1942**  
 Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **Thrombus - 3 inches long**  
**middle of Rt Femoral Artery**  
 Of autopsy **None**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....  
(Specify type of place) (e) Means of injury  
 23. Signature **A. J. Raudonak** (M. D. or other)  
 Address **4990 W. Pine Bl.** Date signed **7-2-42**

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

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Virgil L. Berryman*.....  
Licensed Embalmer No..... *7018*.....  
P. O. Address..... *St. Louis Mo*.....

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