

S. No. 2
 BM-5-42
 v. 5-17-39
 X32873

26044

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED SEP 4 1942

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7258
 Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christan Hospital
(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 St. Louis
 (c) City or town..... Ferguson
(If outside city or town limits, write "RURAL")
 (d) Street No. #31 Patricia Dr.
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Gladys Miehe
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 28th
 year 1942 hour 9:25 minute P. M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife.....
Louis F. Miehe
 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased..... Feb. 13th. 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-24-42
 to 8-28, 19...; that I last saw her alive on 8-28-42
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>15</u>	hr. min.

Immediate cause of death.....
Agamulocytic anemia
 Due to.....
 Due to.....

Duration
3 days

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Housewife

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name..... William J. Overbeck
 13. Birthplace..... Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name..... Iena Selbern
 15. Birthplace..... Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis F. Miehe
 (b) Address..... #31 Patricia Dr.

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?
(Specify type of place)
 While at work?.....
(e) Means of injury.....

17. (a) Burial (b) Date thereof 8-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Valhalla Cemetery
 18. (a) Signature of funeral director..... Provost Und. Co.
 (b) Address..... 3710 N. Grand Blvd.
 19. (a) AUG 31 1942
(Date received local registrar)
J. J. Overbeck
(Registrar's signature)

23. Signature..... H. J. Overbeck (M. D. or other)
 Address..... 5074 Union Date signed 8-29-42

A. G. Klein
5074 N. Union 138
9-12

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

....., Registered Apprentice No.

working under my personal supervision.

Signed Robert L. Binkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl.

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.