S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22307

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 5356

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3418a Pennsylvania Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 24

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3418a Pennsylvania Ave. 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward F. Mieger

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 28 (Day) 1875 (Year)

8. AGE: Years 70 Months 1 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name William Mieger

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Christina Scheible

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Ida Mieger

(b) Address 3418a Pennsylvania Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys Cemetery

18. (a) Signature of funeral director Wacker-Schaefer

(b) Address 3634 Gravois Avenue

19. (a) JUL 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10th 1944 to July 5th 1945 that I last saw him alive on July 3rd 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis, Heart Block	2 yrs
Due to: Arterio sclerosis	2 yrs
Due to: —	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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? — (Specify type of place)

While at work? — (e) Means of injury —

Signature W. A. Fries (M. D. ~~or other~~)

Address 1544 A So Broadway Date signed 7/6-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.