

S. No. 2  
M-8-43  
5-17-39  
X37823

25528

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED** JUL 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6058**

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

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **3334 Minnesota Ave.** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Fred W. Mieger**  
(b) If veteran, name war **None**  
(c) Social Security No. **494-10-5472**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **8th**  
year **1946** hour **4** minute **30** M.  
21. I hereby certify that I attended the deceased from **2 April 1946** to **July 8 1946**  
that I last saw him alive on **July 7 1946**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **February 20, 1889**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Acute Myocarditis**  
Due to.....  
**Cardiac Asthma**  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**57** **4** **18** hr. min.

Major findings:  
Of operations **Cholelithiasis**  
**Cholecystitis**  
Of autopsy **Acute Myocarditis**  
PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Salesman**  
11. Industry or business.....

MOTHER, FATHER {  
12. Name **Henry Mieger**  
13. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Redder**  
**Germany**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Mieger**  
(b) Address **3334 Minnesota Ave.,  
Cremation**  
17. (a) **Cremation** (b) Date thereof **8-10-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Missouri Crematory**  
**Southern Funeral Home**  
18. (a) Signature of funeral director **6322 S. Grand Blvd.**  
(b) Address  
19. (a) **JUL 9 1946** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

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. L. Kautel** (M. D. or other)  
Address **3606 Euclid** Date signed **7/9/46**

DR. A. L. HERTEL  
3606 GRAVOIS  
J.P.M. TUES

---

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 J. Wm. Binkley  
Licensed Embalmer No. 3653  
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.