

FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32807

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8990**

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:
City 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)

3. (a) PRINT FULL NAME **Arthur Mier**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Marguerite** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 4 1890**
(Month) (Day) (Year)

8. AGE: Years **56** Months **10** Days **20** If less than one day hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry Mier**
 13. Birthplace **Belleville, Ill.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Anna Sagel**

15. Birthplace **New Orleans, La.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice Laird**

(b) Address **4400 Fyler Ave.**

17. (a) **Burial** (b) Date thereof **9/27/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Lutheran**

18. (a) Signature of funeral director: **Jos. P. Fendler, Jr.**

(b) Address **7128 Michigan Ave.**

19. (a) **SEP 26 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4400 Fyler Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **24**
 year **1947** hour **7.30** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **1 fracture of skull**
2 tubercular hemorrhage of brain
found on a necropsy performed in the presence of the Bureau Commissioner at St. Anthony Hospital, South Broadway Ground, 12:30 P.M. Sept 23, 1947. True place cause of death name of some could not be determined.

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **gun verdict**
 (b) Date of occurrence **Sept 23 1947**
 (c) Where did injury occur? **lost**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
lost

While at work? _____ (Specify type of place)
 (e) Means of injury **lost**
 Signature **Phas F. Collauro** (Date) **Car 3**
 Address **1300 Clark** Date signed **9-26-47**

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....

Ray T. Tullbaum

Licensed Embalmer No. 2906

P. O. Address 728 Miligan

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.