S. No. 2
M—1/47.
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

#79391

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39759

Registrar's No. 10189

1. PLACE OF DEATH:
(a) County
(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: St. Louis City Hospital—Max C. Starkloff Memorial
(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 Mo. (b) County
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4017a N 25 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK HIEGER
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 Married
6. (b) Name of husband or wife Minnie Hieger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 1 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	11	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Engelbert Hieger
13. Birthplace Unknowne Leisk (City, town, or county) Germany (State or foreign country)
14. Maiden name Lizzethe Leisker
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mr Albert Hieger
(b) Address 4017a N 25 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis, Ave.
19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 12th year 1947 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11/10/47, 19, to Nov. 12th, 19 47 that I last saw him alive on Nov. 12th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	24 hrs
Due to: Cerebral arteriosclerosis	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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
23. Signature John W. Murphy MD
Address 1515 Lafayette 11/13/47 Date signed

Jefferson City Printing Co.
(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.....3575.....

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.