

2
3-40
-39
23159

NOV 16 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8847

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial
(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 Mo (b) County _____
(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1831st Dolman
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Susie Mieger

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Oct 27 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Arthur Mieger

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Susie Kram

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

16. (a) Informant Arthur Mieger

(b) Address 1831st Dolman

17. (a) Burial (b) Date thereof Oct 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MF Hope Cem

18. (a) Signature of funeral director W. J. ...

(b) Address 2929 S. Jefferson Ave

19. (a) OCT 28 1940 (b) [Signature]
(Date received local registrar) (Business address)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 Oct. day 26
year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-26-40, 19____, to 10-26, 1940;
that I last saw him alive on 10-26, 1940;
and that death occurred on the date and hour stated above

Immediate cause of death Placental abruption
5 1/2 mo pregnancy

Due to Placental abruption

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature [Signature] (M. D. or other)

Address 4950 Lincoln Blvd Date signed 10-27-40

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

ADPR

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.

Paul A. Shanklin
Signed.....
Licensed Embalmer No. *3472*
P. O. Address *29298 Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.