

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 7820 Reilly Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Mary Mier
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, divorced, married Widowed
6. (b) Name of husband or wife Henry C. Mier
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 19, 1878

8. AGE: Years 62 Months 6 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business At Home

MOTHER FATHER
12. Name James Haley
13. Birthplace Ireland
14. Maiden name Josephine Engler
15. Birthplace Unknown

16. (a) Informant Dennis Mier
(b) Address 7820 Reilly Ave.

17. (a) Burial (b) Date thereof 1-18-41
(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S Grand Blvd.

19. (a) JAN 16 1941 (b) J. F. Brodick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 7820 Reilly Ave.
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12
year 1941 hour _____ minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 10
1941 to Jan 12 1941
that I last saw her alive on Jan 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Duration 1 yr

Due to _____
Due to _____

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) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(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 E. R. ... (M. D. or other) _____
Address 6525 U. ... Date signed 1-17-41

Dr. Mrs. Reston
6829 Virginia
Ri 0491 1-3 P.M.

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..... *Virgil L. Benson*.....

Licensed Embalmer No. *14018*.....

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.