

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8617

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

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 Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME August E. Mirly

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 25, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 14 hr. min.

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

10. Usual occupation Blacksmith helper

11. Industry or business.....
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant A rthur Zerbst
(b) Address 6026 Emma Ave

17. (a) Burial (b) Date thereof 10/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Mata Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 10 1944 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 6026 Emma Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1944 hour 5:15 AM minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....,
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Vertebral Thrombosis
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?..... (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 3
23. Signature Dr Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 10-10-44

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 *Gustav W. Dietel*

Licensed Embalmer No. *4329*

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.