

Registration District No. **791**

Primary Registration District No. **1003**

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Meta Zoeller
3. (b) If veteran, name war no
3. (c) Social Security No. 494-09-1856

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased February 8 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>29</u>	hr. min.

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

10. Usual occupation Forelady

11. Industry or business Union Biscuit Co

MOTHER FATHER
12. Name George Zoeller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Dammer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Zoeller
(b) Address 3646 Hebert St.

17. (a) Burial (b) Date thereof Aug 10-40
(Date, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director A. Krow
(b) Address 2707 North Grand Bl.

19. (a) AUG 10 1940 (b) J. J. Bredeck
(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. 3686 Hebert St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1940 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Aug 1, 1940
to Aug 7 1940
that I last saw her alive on Aug 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Carcinoma of liver (metastatic)

Due to Carcinoma of ovary, Primary

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 49
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) (e) Means of injury

23. Signature Henry G. Havel (M. D. or other)
Address 607 N. Grand Date signed 8-9-40

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

Paul J. Knowlton

Licensed Embalmer No. *4631*

P. O. Address *2707 N Grand*

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, above space should be left blank.