

No. 2  
5-43  
17-39  
X38671

FILED FEB 27 1944  
Registration District No. 378

Primary Registration District No. 1003

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

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:  
Jefferson Olive Sts. 3  
Emergency City Hospital

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 92D  
(If outside city or town limits, write "RURAL")

(d) Street No. 3615 N. 22nd St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Meiller

3. (b) If veteran, name war None

3. (c) Social Security No. 494-07-1097

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th. year 1944 hour 1 minute 40 a. M.

4. Sex M. 5. Color or Race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Leona Meiller

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Nov. 26th., 1912  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

|    |   |    |                      |
|----|---|----|----------------------|
| 31 | 1 | 14 | hr. _____ min. _____ |
|----|---|----|----------------------|

Immediate cause of death Internal Hemorrhage from fractured Lungs. Fracture of skull when the truck he was driving collided with a typical driven by one Ernest Komptot (Cal) at the intersection of Jefferson and Olive Sts about 10:40am 1-10-44

Due to \_\_\_\_\_

Due to \_\_\_\_\_

(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

Major findings: Of operations 170 C-8

Of autopsy 222

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business Landau Towel Co.

12. Name Fred Meiller

13. Birthplace Ill. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Hill

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona Meiller

(b) Address 3615 N. 22nd St.

17. (a) Burial (b) Date thereof 1-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-10-44 000

(c) Where did injury occur? to Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? Public Place  
(Specify type of place)

18. (a) Signature of funeral director Arthur J. Konnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 11 1944 (Date received local registrar)

J. F. Braddock (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature James J. Peterson (M. D. or other) 1/10/44

Address 1366 1/2 14th Date signed \_\_\_\_\_

