

FILED JUL 21 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6235

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
1907 1/2 Utah St. 1  
(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  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1907 1/2 Utah St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frieda S. Meeks

3. (b) If veteran, name war..... 770. 3. (c) Social Security No. 770.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Leroy Meeks 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased 770. 17. 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Emil Zeller  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Zeller  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Meeks  
(b) Address 1907 1/2 Utah St.

17. (a) Burial (b) Date thereof 7-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Beltsville, Md.

18. (a) Signature of funeral director Witt Bros. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JUL 13 1944 J. P. Arndt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1944 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Carcinomatosis Primary site unknown

Due to.....

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 55

Of autopsy.....

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)

and 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 Alfred J. Perry (M. D. or other) 7

Address Deputy Coroner Date signed 7-13-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1098

FEB 10 1945

APR 11 1945

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.....

*V. E. Morris*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address. *2929 S Jefferson*

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.