

FILED APR 20 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
4414 No 20th Str  
(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 Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4414 No. 20 Str  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

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3. (a) PRINT FULL NAME Zita Mest  
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, married, divorced Married  
6. (b) Name of husband or wife J. Henry Mest  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased March 8, 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 4  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Henry Braun  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosina Lukenbeim  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Henry Mest  
(b) Address 4414 No 20 Str.

17. (a) Burial (b) Date thereof 4/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director.....  
(b) Address 2117 E. Grand Blyd.

19. (a) APR 14 1944 (b) J. Fredes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1944 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from November 1, 1939 to April 12, 1944  
that I last saw her alive on April 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Arteriosclerosis  
Myocarditis

Duration  
1 day  
10 years  
5 years

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.....

23. Signature: H. H. Feller (M. D. or other) MD  
Address: 2802 W. Grand Date signed: 4-14-44

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

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**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 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, fact should be so stated above.**