

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35524

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **10713**

St. Ward)

2. FULL NAME: **Emma Zimmerman**

(a) Residence. No. **671 Parkway St.**, Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 29 1927**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from **Nov 27 1927** to **Nov 29 1927** that I last saw h. **alive on Nov 29 1927** and that death occurred, on the date stated above, at **3-4 pm**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 10 - 1860**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
67 9 1

Abscess of Liver.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housework**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

125 B Cause undetermined
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Indiana**
(STATE OR COUNTRY)

CONTRIBUTORY (SECONDARY) **124 A**
(duration) yrs. mos. ds.

10. NAME OF FATHER **John Perry**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ind**
(STATE OR COUNTRY)

1 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Nov 26, 1927**
WAS THERE AN AUTOPSY? **Yes**

12. MAIDEN NAME OF MOTHER **Emma Stark**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Robert H. Simpson**, M. D.
11/29 1927 (Address) **City Hospital**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT **Emma Zimmerman**
(Address) **City Hospital**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Take Charles**
DATE OF BURIAL **Dec 1, 1927**

15. NOV 29 1927 **Mar. C. Starkey**
Filed: 1927 REGISTERAR

20. UNDERTAKER **W. H. Laughlin**
ADDRESS **1631 Mission**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Zimmerman