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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28781

Township ..... Primary Registration District No. 1003 Registered No. 8261

City St. Louis, Mo. (No. 3226a Indiana Avenue St. ..... Ward)

2. FULL NAME Cecelia F. Zimmerman

(a) Residence. No. 3226a Indiana Avenue St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1884.

7. AGE: Years 43 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Forelady
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Ely Walker Dry Goods Co

9. BIRTHPLACE (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Casper Kalmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Caroline Becker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois

14. INFORMANT Vera Zimmerman (Address) 3226a Indiana Ave

15. FILED ..... 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 11th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 11, 1928 that I last saw her alive on Aug 10, 1928, and that death occurred, on the date stated above, at 2:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of lungs
234
31
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Emil Simon, M. D.
Aug 13, 1928 (Address) 1835 S 11 St.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: SS. Peter & Paul
DATE OF BURIAL: Aug. 14, 1928.

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 S. Bridge

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD