

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

Do not use this space.

12750

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No.), **Sanitarrion** St. Ward)

File No.

Registered No. **3286**

2. FULL NAME Anna Zimmerman

(a) Residence No. 2013 A 112th St. 13 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. + mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u> |
|-------------------------|----------------------------------|---|

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5-1875

| | | | | |
|-----------|----------|----------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, <u>hrs.</u> or <u>min.</u> |
| <u>53</u> | <u>8</u> | <u>9</u> | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Zimmerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Catherine Reiser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Germany

14. INFORMANT D. Joseph A. Scopelito
(Address) St. Louis City, Sanitarrion

15. FILED M.A.D. 12-5-19 Max C. Stark
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to March 14, 1929, that I last saw him..... alive on March 14, 1929, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myocarditis
54 B
93 C

(duration)..... yrs. mos. ds. 1
CONTRIBUTORY Operation for filaroid of
(SECONDARY) interna non Malignant
(duration)..... yrs. mos. ds. "

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? yes DATE OF March 13, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Joseph A. Scopelito, M.D.
Mar 14, 1929 (Address) St. Louis City Sanitarrion

*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 DATE OF BURIAL

St Pauls Churchyard Mar 16 1929

20. UNDERTAKER

Wacker-Heldorfs ADDRESS 2331 S. Blong

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 INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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