Mr. Leon
arcade Bldg Clayton Mo

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

Do not use this space.

24169

1. PLACE OF DEATH
County St. Louis
Township Central
City ~~Creve Coeur~~ (No. ..... St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033B

File No. .....
Registered No. 2103

2. FULL NAME Bruno Zimmermann
(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S., if of foreign birth? 40 yrs. — mos. — ds.

AUG 26 1930

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.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 17-1881

7. AGE: Years 49 | Months 3 | Days 28 ~~29~~ | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Herman Zimmermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Lydia Zimmermann
(Address) Creve Coeur, Mo.

15. FILED 7/17, 1930 Rolla Bracy M.D. * REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 15 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to July 5, 1930, that I last saw him alive on July 5, 1930, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Dystrophia (Atrophia) Musculorum Progressiva
8/A (duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY): Bulbar Paralysis
(duration) ..... yrs. 5 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) M. Leon, M. D
7/16, 1930 (Address) Clayton, Mo.

*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: Ev. St. Pauls Cem
DATE OF BURIAL: 7/18/ 1930

20. UNDERTAKER: Baumann Bros.
ADDRESS: Overland, Mo.