

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

Do not use this space.  
**37573**

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **St. John's Hosp**) St. Ward

File No. ....  
 Registered No. **10656**

**2. FULL NAME**

**Urban K. Zimmerman**  
 (a) Residence. No. **3806 Oakwood** W. Ward. **St. Louis 20. Mo**  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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 **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 **Flora E Zimmerman**  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 11-1888**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 3 29**  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Chauffeur**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Goodfellow Lumber Co.**  
 (c) Name of employer

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

10. NAME OF FATHER **L. P. Zimmerman**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**  
 12. MAIDEN NAME OF MOTHER **Sarah Lewis**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Pa.**

14. INFORMANT **Flora E Zimmerman**  
 (Address) **3806 Oakwood**

15. FILED **10 1930**  
**May E Standen**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 9 1930**  
 17. **No Physician Attendant**  
 HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at **4450** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Left fatal pneumonia, following injuries to hand (splinter) while working in lumber yard**  
 CONTRIBUTORY (SECONDARY) **Accident**  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **2002**  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY **yes**  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) **Wm V. Dever** M.D.  
**11/10/30** (Address) **Coroner**

\*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 **Call V. Ave Cem**  
 DATE OF BURIAL **Nov 12 1930**

20. UNDERTAKER **Geo. L. Plitner**  
 ADDRESS **3966 Boston**

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

