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

Do not use this space.

40863

File No. 11507

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 4437 Wallace Avenue St. ..... Ward)

2. FULL NAME Johanna Zimmermann

(a) Residence. No. 4437 Wallace Avenue St., 15 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	5	24	

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

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

PARENTS

10. NAME OF FATHER Anton Stoll

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

12. MAIDEN NAME OF MOTHER Mary Steppig

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

14. INFORMANT Joseph Zimmermann
(Address) 4437 Wallace Avenue,

15. DEC -8 1930 FILED ....., 19.. Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 7, 19 30.

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Dec 7, 1930 that I last saw her alive on Dec 6, 1930, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis Lethargica
17
122A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Focal infection
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical find
(Signed) W. A. Burdwright M.D.
Dec. 8, 1930 (Address) 4755 Maryland

*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 Dec. 10, 19 30.

20. UNDERTAKER Wacker-Helbel — ADDRESS 2331 S. Brdwy.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.