WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 29700

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, (No. ....., Lutheran Hospital St. ..... Ward)

File No. .....

Registered No. 8733

2. FULL NAME John W. Zimmermann

(a) Residence, No. 6141 S. Grand Blv'd. St., / 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John J. Lang Accountants

10. Date deceased last worked at this occupation (month and year) August 1931

11. Total time (years) spent in this occupation 12

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

FATHER

13. NAME Christ Zimmermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Nora Conner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Elsie Zimmermann 6141 S. Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory DATE August 15th 1931

19. UNDERTAKER (ADDRESS) Hauck & Schmitt 3732 S. Grand Blvd

20. FILED AUG 14 1931 W. C. Hauck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931, to Aug 12, 1931

I last saw him alive on Aug 12, 1931. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Aug 2-31
106	
95B 106	

Other contributory causes of importance: Acute cardiac dilatation 24 hrs.

9

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph E. Doll, M. D.

(Address) 2350 So. 9th St.