

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

Do not use this space.

2141

1. PLACE OF DEATH

County St Charles Registration District No. 757
 Township _____ Primary Registration District No. 30.36
 City St Charles (No. St Josephs Hospital) St. _____ Ward _____

File No. _____
 Registered No.

2. FULL NAME Maxim Frederick Zimmerman

(a) Residence, No. _____ St. _____ Ward. Vandalia Ill
 (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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 2 1910

7. AGE YEARS 21 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Strasburg (STATE OR COUNTRY) Illinois

FATHER
 13. NAME Frederich Zimmerman

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

MOTHER
 15. MAIDEN NAME Sophie Doding

16. BIRTHPLACE (CITY OR TOWN) Strasburg (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Marl P. Bell
Vandalia, Illinois

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Vandalia Ill DATE July 8 1932

19. UNDERTAKER B. B. Brown & Son (ADDRESS) St. Louis Ill

20. FILED 1/8 1937 H. V. Bloebaum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th to July 7th, 1932
 I last saw him _____ alive on July 7, 1932 Death is said

to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:

Accidental due to burns he received when he brown painted with gasolene while preparing a cabinet
 Other contributory causes of importance:
8 Cords in contact with a hot light
 Date of onset 20th

Name of operation _____ Date of _____
 What test confirmed diagnosis? (5) Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 11th 1932

Where did injury occur? St. W. & Co. 1 mile west of Vandalia, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burns due to contact with gasolene
 Nature of injury Burns of whole body

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Fitzelberg Crown, M. D.
 (Address) Rockville Ind

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. FEB. 25 1932

