WRITE PLAINLY, WITH UNFADING 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.

6937

1. PLACE OF DEATH

County ..... Registration District No. 791 1023 File No. 2028

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. 5241 Vermont St. ..... Ward)

2. FULL NAME William S. Zimmermann

(a) Residence, No. 5241 Vermont St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Josephine Zimmermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1869.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber shop prop.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 226
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Pa. 0

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Josephine Zimmermann 5241 Vermont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 3-2- 1932

19. UNDERTAKER (ADDRESS) Southern Undlo 6320 So Grand

20. FILED MAR 1 1932 19 May C Starkey Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1932, to 2-28, 1932

I last saw him alive on 2-28, 1932 Death is said to have occurred on the date stated above, at 6 p.m.

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

	Date of onset
cerebral apoplexy	2-20-32
131	
82A	

Other contributory causes of importance:

Nephritis (chronic parenchymatous) 2 yrs.

131

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Lab 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 1

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

If so, specify .....

(Signed) P Brickhauer, M. D.

(Address) 3147 S. Jefferson