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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 41626

Township ..... Primary Registration District No. ..... Registered No. 10678

City St Louis (No. 5349, Hamilton Ave St. ..... Ward)

2. FULL NAME Amelia Zimmermann

(a) Residence, No. 5349 Hamilton Ave St. 5 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Edw. Zimmermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9, 1871

7. AGE: YEARS 61 | MONTHS 7 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Andrew Gross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

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

17. INFORMANT (ADDRESS): Edward Zimmermann 5349 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Immanuel Cem DATE Dec 5, 1932

19. UNDERTAKER (ADDRESS): Drehmann Harrel 1905 Union Blvd

20. FILED DEC -2 1932 19 Max C Hardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1932, to December 1, 1932
I last saw her alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Uterus and adnexa
Primary seat in Uterus

Date of onset: Don't know

Other contributory causes of importance: 48 53E

Name of operation: None 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) L. W. Davies, M. D.
(Address) 2337 N. Market St., St Louis, Mo

2337 Market
12:00 - 3:00