

**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**  
 Township..... Primary Registration District No. **4003**  
 City **St. Louis** (No. **St. Anthony's Hospital**) Registered No. **11903**  
 (Ward) **3026**

**2. FULL NAME**

(a) Residence, No. **3621- Michigan Ave. 16** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Frank J. Culver</b>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 14-1870</b>		
7. AGE, YEARS <b>62</b>	MONTHS <b>6</b>	DAYS <b>16</b>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <b>Housewife</b>			
	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	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>			
	13. NAME <b>John Zimmermann</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
	15. MAIDEN NAME <b>Unknown</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>				
17. INFORMANT (ADDRESS) <b>Frank J. Culver 3621- Michigan Ave</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peter Paul</b> DATE <b>April 1 33</b>				
19. UNDERTAKER (ADDRESS) <b>Wacker Selderer 2331 Broadway</b>				
20. FILED <b>30 1933</b> IN <b>St. Louis</b> (Address) <b>W.C. Fawcett</b> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **March 28, 1933** to **3/29, 33**  
 I last saw her alive on **3/29, 33** Death is said to have occurred on the date stated above, at **2:54** p.m.  
 The principal cause of death and related causes of importance were as follows:  
**Lobar pneumonia** Date of onset **10/10/32**

Other contributory causes of importance:

Name of operation **G.** Date of **3/29/33**  
 What test confirmed diagnosis? **clinical** 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 L. Fenn** M.D.  
 (Address) **420 9th Virginia Ave**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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