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.

18244

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 4454

City St Louis (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME Nickolaus Zimmer

(a) Residence, No. 5227 - Delor St., 14 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 Magdalene Zimmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 205 A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 151

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

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

FATHER

13. NAME Nickolaus Zimmer

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Magdalene Zimmer 5227 Delor St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Paul DATE May 24 1933

19. UNDERTAKER (ADDRESS) Wackey-Helderle 2331 Broadway

20. FILED 5 22 1933 J F Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1933

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 a.m.

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

Chronic Parenchymatous Nephritis, Streptococci Cellulitis, Streptococci Steptocaemia, following injury to left hand, received while turning off

Date of onset

Other contributory causes of importance:

a barrel at Pioneer Cooperage Co. in St. Louis Mo Accident

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? Accid Date of injury 4/26, 1933

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

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

Manner of injury Stave broke while rising off a barrel

Nature of injury Injury to left hand

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) Harold [illegible], M.D.

(Address) Deputy Coroner

5/22/33