

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

Do not use this space.

DEC 13 1934

40833

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *3820 N. 25 St.*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *20777* St. Ward)

2. FULL NAME *Elizabeth Zimmerman*

(a) Residence, No. *3820 N. 25 St.*, *20* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 2nd*, 19*34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from *Sept 13th*, 19*34*, to *Nov 2nd*, 19*34*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 27 - 1869*

I last saw h. *er* alive on *Nov 2nd*, 19*34*. Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
65 *7* *5*

to have occurred on the date stated above, at *9²⁵ P. m.*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Date of onset *Nov 1 - 1934*

Terminal broncho. pneumonia

anemia - starvation *6 wks*

Other contributory causes of importance:

Gastric Cancer (carcinoma) *?*

chronic nephritis *2 yrs*

chronic myocarditis *2 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ills.*

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

13. NAME *John Lambertus*

What test confirmed diagnosis?..... Was there an autopsy? *No*.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ills.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME *Not known*

Where did injury occur?..... (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ills.*

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

17. INFORMANT *Charles Zimmerman*

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE *Graves* DATE *Nov 5*, 19*34*

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

19. UNDERTAKER *Wm. Leudner*

If so, specify.....

(ADDRESS) *1417 N. Market St. St. Louis*

(Signed) *Sawmeyer (Miss) Meadows M.D.*, M. D.

20. FILED *UV 10 1934* *J. F. Bradeck* Registrar.

(Address) *Box No. Grand Bl. St. Louis*

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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