

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.

JAN 12 1935

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. **1791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **en route City Hosp. #1**, St. .... Ward)

File No. ....  
Registered No. **11939**

44817

2. FULL NAME **Lawrence F. Zimmer**

(a) Residence, No. **2302-a Howard St.**, St. **20** Ward.  
(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. (If nonresident, give city or town and State)

## 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

**Viola Vess Zimmer**

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

**Jan 24 - 1907**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**32 10 21**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tar Roofer**  
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) **St. Louis, Mo.**

FATHER 13. NAME **August Zimmer**

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

MOTHER 15. MAIDEN NAME **Julia Duball**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

17. INFORMANT **Viola Zimmer**  
(ADDRESS) **2302-a Howard St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **12/19**, 19**34**

19. UNDERTAKER **Cullinane Brothers**  
(ADDRESS) **1710 Howard St**

20. FILED **12/18/34**  
**J. J. Seelick**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 15**, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at **6:20 P.**

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

**Gunshot wounds fracturing skull, lacerating right arm, lacerating brain, lun, liver, fracture of jaw, caused by bullet fired from gun in the**

Other contributory causes of importance:  
**heads of one James Hogan at 3100 Cass Ave., about 6:20 P.M., December 15, 1934.**

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Homicide** Date of injury **12/15/34**

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.

**Public Place**  
Manner of injury **Gunshot**

Nature of injury **Fractured Skull**

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

If so, specify .....  
(Signed) **John J. Sheehey**  
(Address) **1218/34**

