

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

Do not use this space.

3922

1. PLACE OF DEATH *MAR 4 1935*
 County *St. Louis* Registration District No. *1170*
 Township *Central* Primary Registration District No. *6248H*
 City *Richmond Heights* *1215 Highland Terrace* St. _____ Ward _____
 File No. _____
 Registered No. *5*
 2. FULL NAME *Ernst A. Zimmerman*
 (a) Residence, No. *1215 Highland Terrace* 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 *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 *Bertha Zimmerman*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-20-1852*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 70
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ret. Farmer*
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-10-1935*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1935* to *Jan 10 1935*
 I last saw him alive on *Jan 10 1935* Death is said to have occurred on the date stated above, at *6:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Stomach Inflammation Date of onset *11/35*
 Other contributory causes of importance:
Arteriosclerosis *11/35*
 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? _____ 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? _____
 If so, specify _____
 (Signed) *W. H. Savage*, M. D.
 (Address) *3165 So Grand*

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 FATHER 13. NAME *Adam Zimmerman*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 15. MAIDEN NAME *Elizabeth Schaub*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 17. INFORMANT *Mrs. Elma Lorschberg*
 (ADDRESS) *1215 Highland Terrace*
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Oak Grove Cem* DATE *1-13 1935*
 19. UNDERTAKER *LOUIS H. BOPP*
 (ADDRESS) *1414 Woodway St*
 20. FILED *1/12 1935* *Gertrude Porter*
 Registrar.

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.

