

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.

MAY 13 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. **791**  
Township..... Primary Registration District No. **1008** File No. **14864**  
City **St. Louis** (No. **Postage Hospital**) Registered No. **3716** St. Ward)

2. FULL NAME

**Frank Zimmerman** (ZIMMERMAN)  
(a) Residence, No. **2422 - 3rd St. N. W. Ave. 23** Ward. (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 **Myrtle Zimmerman**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 13 - 1899**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**35 5 10**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Helper**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Furniture Truck**  
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) **Jefferson Co. Mo**

13. NAME **Mrs. Zimmerman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jefferson Co. Mo**

15. MAIDEN NAME **Annie West**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany Mo**

17. INFORMANT **Myrtle Zimmerman**  
(ADDRESS) **2422 - 3rd St. N. W. Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Apr 25 1935**

19. UNDERTAKER **Wacker, Helderle**  
(ADDRESS) **2331 St. Elizabeth**

20. FILED **APR 25 1935**

**J. B. Bredbeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 23** 19 **35**

22. I HEREBY CERTIFY, That I attended deceased from **4/22** 19 **35**, to **4/23** 19 **35**

I last saw **h. m.** alive on **4/23/35**, 19... Death is said to have occurred on the date stated above, at **9:10 a.m.**

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

**Myocardial Insufficiency**

Other contributory causes of importance:

**Cardiovascular Les.**

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

What test confirmed diagnosis? **Cl + Koh** 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) **J. B. Bredbeck** M. D.

(Address) **Postage Hospital St. Louis Mo**

