

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.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **St. Anthony's Hosp**)..... St. Ward)

24678

File No. **6095**
Registered No.

2. FULL NAME **Anna Zimmermann**

(a) Residence, No. **After R.R. 1 R.R.** 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 Female	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 Wm Zimmermann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1880		
7. AGE	YEARS 54	MONTHS 8
	DAYS 7	IF LESS than 1 day, hrs. or min.

OCCUPATION	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. at home
	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) **Mo**

FATHER 13. NAME **Jacob Kraus**

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

MOTHER 15. MAIDEN NAME **Kraus**

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

17. INFORMANT **Wm Zimmermann** (ADDRESS) **After R. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis Paul** DATE **7-18** 1935

19. UNDERTAKER **Fendley Drug Co** (ADDRESS) **7819 Michigan Ave**

20. FILED **JUL 16 1935** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15**, 19**35**

22. I HEREBY CERTIFY That I attended deceased from **7-15-35**, 19... to **7-15**, 19...

I last saw her alive on **July 14**, 19... Death is said to have occurred on the date stated above, at **5:30** a.m.

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

Chronic Myocarditis
Thyroid Disease
Hypertension
Hyperthyroidism

Date of onset
1934
5/27
May 1935

Other contributory causes of importance:
Hyperthyroidism

Name of operation **none** Date of

What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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

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. F. Bredeck**

(Address) **5417 St. Grand Blvd.**

