MAY 7 1936

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 File No. 16969

Township ..... Primary Registration District No. 1003 Registered No. 3720

City St. Louis (No. Deaconess Hosp. St. ..... Ward)

2. FULL NAME Delphine Ruth Zimmerman

(a) Residence, No. ..... St., N R Ward. Valley Park, Mo. #1.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-19-1934

7. AGE YEARS 1 MONTHS 8 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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 Harold Zimmerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galton Ill

MOTHER

15. MAIDEN NAME Margaret Willi

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

17. INFORMANT (ADDRESS) Harold Zimmerman Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Apr-8-1936

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED APR 6 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-5-, 1936

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 P.m.

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

	Date of onset
Meningitis, tuberculous	3-29-36
Tuberculosis, Pulmonary	

Other contributory causes of importance:

Bronchopneumonia	3-22-36

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

What test confirmed diagnosis Spinal Punctures 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) Orson K Timm, M. D.

(Address) Manchester, Mo.

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.