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.

25096

JUL 27 1936

1. PLACE OF DEATH
County ~~Jefferson Barracks~~ St Louis
Township
City Jefferson Barracks (No. U. S. Veterans Adm. Facility St. Ward)

Registration District No. 123
Primary Registration District No. 624813

File No.
Registered No. 245

2. FULL NAME Christ Zimmerman

(a) Residence, No. 8528 S. Broadway St., Ward. St. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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) November 27, 1888.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
47	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
10. Date deceased last worked at this occupation (month and year) unavailable
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Epstein Germany

FATHER

13. NAME Frank Zimmerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME Marie -
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilmerding, Pa. DATE June 26, 19 36

19. UNDERTAKER C. Hoffmeister Und. & Livery Co.
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED June 26, 1936 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 19 36

22. I HEREBY CERTIFY, That I attended deceased from June 22, 19 36 to June 26, 19 36
I last saw him alive on June 26, 19 36 Death is said to have occurred on the date stated above, at 3:30 m. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, associated with Myocardial Insufficiency; Arteriosclerosis	unknw

Other contributory causes of importance:

Hepatitis, chronic	unknwn
Anemia, symptomatic, severe	

Name of operation none Date of
What test confirmed diagnosis? phy. exam. clinical manifestations, laboratory 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) C. A. HUGHES Chief Medical Officer M. D.
(Address) Jefferson Barracks, Mo.