

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32931  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis Mo** (d) Street No. **BARNES HOSPITAL** Registered No. **8985**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Tony Zimbelmann**

(a) Residence, No. **1014A Arsenal** St. **24** **St. Louis Mo**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **media Zimbelmann**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 24<sup>th</sup> 1894**  
 7. AGE YEARS **43** MONTHS **3** DAYS **-** If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chemical Worker**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Mallinkrodt**  
 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) **Ill**

FATHER 13. NAME **Paul Zimbelmann**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

MOTHER 15. MAIDEN NAME **Anna Heide**

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

17. INFORMANT (ADDRESS) **Anton Zimbelmann 1014A Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews Cem.** DATE **Sept 27<sup>th</sup> 1937**

19. FUNERAL DIRECTOR (ADDRESS) **J.N. Hubben, 2630 Gravois Ave**

20. FILED 19 **St. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 24<sup>th</sup> 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9-21**, 1937, to **9-24**, 1937.

I last saw him alive on **9-24**, 1937. Death is said to have occurred on the date stated above, at **7:50 a.m.**

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

**Chronic URETHRAL STRICTURE unknown**  
**VERTICULA OF BLADDER**  
**HYDRO URETER, BILATERAL**  
**PYONEPHROSIS, BILATERAL (no stones)**  
**PAROXYSMAL AURICULAR TACHYCARDIA 9-22-37**

Other contributory causes of importance:  
**EPIDIDYMEAL ABSCESS, Rt. cause unknown, unknown to venereal**

Name of operation **ITD OF EPID. ABSCESS** Date of **9-22-37**

What test confirmed diagnosis? **CYSTOSCOPY** Was there an autopsy? **YES**

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) **Frank J. Galloway** M. D.  
 (Address) **BARNES HOSPITAL**

SEP 26 1937

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.

10222750

OCCUPATION

FATHER

MOTHER

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Herman A. Gebken  
Licensed Embalmer No. 2120

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**