

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

35678  
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **9255**  
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **George M. Zimmerman**  
 (a) Residence, No. **5800 Arsenal** St. **13** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alvesta Zimmerman**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 20, 1865**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**72 1 11**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**  
 9. Industry or business in which work was done, as 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) **Long Run, Pa.**

13. NAME **Benjamin Zimmerman**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Unknown**

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Trinity Cem. DATE Oct. 4 1937**

19. FUNERAL DIRECTOR (ADDRESS) **C. HOFFMEISTER U. & L. CO 7814 S. Bway St. Louis Mo.**

20. FILED **OCT 3 1937** 19 **J. H. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 1, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 2, 1936 to October 1, 1937**

I last saw him alive on **October 1, 1937**. Death is said to have occurred on the date stated above, at **8:15 P.M.**

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

*Degenerative Heart Disease*  
*Arteriosclerosis*  
 Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 **George S. Boyce, M. D.**  
 (Signed) ..... (Address) .....

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.

218 2 31 31

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus Hoffmeister

L. E. No. 3871 and Leo Budde, Licensed Embalmer

No. 3989 or by Registered Apprentice No.

working under my personal supervision.

Signed

*George W. Hoffmeister*

Licensed Embalmer No. 2426

**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.)**