

FEB 12 1938

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

280
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **10083**
(c) City **St. Louis** (d) Street No. **Jewish Hospital** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rosina Zimmermann 565
(a) Residence, No. **3447 Halliday Ave.** St. **16** (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 **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 **Henry Zimmermann**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June-20-1876.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **Hungary**
13. NAME **Joseph Finster**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**
17. INFORMANT **Henry Zimmermann**
(ADDRESS) **3447 Halliday Ave.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **MO. Crematory** DATE **Jan. 5th.** 19 **38**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **JAN 5 1938** **J. Bredeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 2nd.** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **1/1** 19 **38** to **1/2** 19 **38**

I last saw him alive on **1/2** 19 **38**. Death is said to have occurred on the date stated above, at **7:30** P. M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Date of onset

4 days

Other contributory causes of importance:

Art. Sebaste St. Div

Name of operation **0** Date of **1/1**
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? 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) **Arthur E. Strand** M. D.
(Address) **539 N. Grand**

STATEMENT BY LICENSED EMBALMER

I, Robert C. Wheeler, Licensed Embalmer No. 2128

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

..... L. E.

No. 2128 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert C. Wheeler

Licensed Embalmer No. 2128

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