

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

8924  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 1008  
 (b) Township St. Louis Primary Registration District No. 1039 Registered No. 2513  
 (c) City St. Louis (d) Street No. 1039 BADEN AVE St. St.  
 (e) Length of residence in city or town where death occurred 45 yrs. 1 mos. 10 ds. (f) How long in U. S., if of foreign birth? 45 yrs. 1 mos. 10 ds.

2. PRINT FULL NAME WALTER A. ZIMMERMANN 565  
 (a) Residence, No. 1039 BADEN AVE St. 8 (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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 3 - 1893

7. AGE YEARS 45 MONTHS 1 DAYS 10 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PAINTER  
 9. Industry or business in which work was done, as saw mill, bank, etc. ST. LOUIS GAR CO.  
 10. Date deceased last worked at this occupation (month and year) Jan 3 1938 11. Total time (years) spent in this occupation. 7 1/2

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

FATHER 13. NAME WILLIAM ZIMMERMANN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME WILHELMINA KRUGER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

17. INFORMANT MARIE ZIMMERMANN (ADDRESS) 1039 BADEN AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE SALVARIUM DATE MARCH 16 1938

19. FUNERAL DIRECTOR FRIEDRICH FUNERAL HOME (ADDRESS) 2319 HALLS FERRY

20. FILED MAR 15 1938

*No physician certificate of death*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 13 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw him ..... alive on ..... Death is said to have occurred on the date stated above, at 3:20 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning;  
Deceased was found in left front seat of his Plymouth Coach parked in garage in rear of his home, 1039 Baden Ave., March 13, 1938 about

Other contributory causes of importance: 3:20 P.M.

WHETHER INTENTIONAL OR ACCIDENTAL .....  
 ..... COULD NOT BE ASCERTAINED.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Open Vein Date of injury 3/13/1938  
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In rear of Home

Manner of injury See Above  
 Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Regt. M. J. ...

(Signed) J. F. ...  
 (Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur R. Diehrich, Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur R. Diehrich

8319 Hall's Ferry Rd. L. E. St. Louis Mo.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 

working under my personal supervision.

Signed Arthur R. Diehrich

Licensed Embalmer No. 3556

**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.)**