

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10686

Do not use this space.

1. PLACE OF DEATH

(a) County Basconade Registration District No. 303
 (b) Township Herrmann Primary Registration District No. 4182 Registered No.
 (c) City Herrmann (d) Street No.
 (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

Susan Elizabeth Zimmerman 565
 (a) Residence, No. Herrmann Mo St. (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 Geo. Zimmerman Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 1 - 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chief
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation month and year 7/1/38 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Archer Mo.

FATHER 13. NAME Wm Taylor

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

MOTHER 15. MAIDEN NAME Christina Link

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc Kitterick Mo

17. INFORMANT (ADDRESS) Geo. Zimmerman Sr Herrmann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann City DATE 3/6 38

19. FUNERAL DIRECTOR (ADDRESS) Hugh H. Blumer Herrmann Mo

20. FILED 3-6 1938 Anna K. Riehoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1938, to Mar 4, 1938

I last saw her alive on March 4, 1938. Death is said

to have occurred on the date stated above, at 3 P m.

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

Nephritis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Ins. sm. Was there an autopsy? no

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) F. H. Gaughill 1, M. D.

(Address) Herrmann Mo

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.

137-

occn521

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Hugo H. Blumer

Licensed Embalmer No. 3160

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township..... Primary Registration District No. 4182 Registered No.....
 (c) City Hermann (d) Street No..... 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 Susan Elizabeth Zimmermann

(a) Residence, No..... St. (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 7 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mch 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Supplemental Report
 Infective disease...
 chronic... delayed a
 few days from Feb 9-38
 Did not see for some 16 that day
 after delivery I listed cause
 of death as
 albumen

Other contributory causes of importance: four four and albumen

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.....

(Signed) J. H. Coughell....., M. D.
 (Address) Hermann, Mo

statement of OCCUPATION is very important.
 UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain ten
 REGISTRARS SHALL NOT RECEIVE

SUPPLEMENTAL

