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.

REC'D MAY 6 1938

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

Do not use this space. 0

File No. 15887

Registered No. 755

1. PLACE OF DEATH
County St. Louis
Township Carondolet
City ~~Koch~~ (No. ..., Park Ave., St. ..., Ward)
Registration District No. 784
Primary Registration District No. 3

2. FULL NAME Edna W. Zimmerman

(a) Residence, No. 3151 Pennsylvania St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1901

7. AGE: YEARS 36 | MONTHS 8 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, 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) New Haven, Mo.

FATHER
13. NAME Herman Bottomiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Gresens Kleager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Lucas. Sapington DATE April 29 38

19. UNDERTAKER (ADDRESS) Thos Kutis 2906 Gravois Ave.

20. FILED 4-28, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I ~~saw~~ or attended deceased from 3-29, 1933, to 4-26, 1938

I last saw her alive on April 26, 1938. 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:

	Date of onset
Pulmonary Tuberculosis	1930
7 3 [illegible]	
Other contributory causes of importance: Chronic Cholecystitis	1934

Name of operation Phrenicotomy, left Date of 12-4-37
What test confirmed diagnosis? Sputum, X-ray 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) A. J. Steiner, M. D.
(Address) Rob't. Koch Hospital Koch, Mo.

Embalmed By THOS.KUTIS L.E. 1619

Thos. Kutis

L.E. 1619