

DECD SEP 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29255

Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON
(b) Township MERAMEE
(c) City

(d) Street No. 475
Registration District No. 5580
Primary Registration District No. 5580

Registered No. 11-82

(e) Length of residence in city or town where death occurred 67 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. JEFFERSON 6 Mo. (NEAR HIGH RIDGE) St. 430
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 KATIE ZIMMERMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10-1862
7. AGE YEARS 76 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. OWN FARM
10. Date deceased last worked at this occupation (month and year) JAN. 15-1938 11. Total time (years) spent in this occupation 60 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEAR HIGH RIDGE Mo

13. NAME ANDREW ALT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAARMSTADT GERMANY

15. MAIDEN NAME MARY SCHRIMPE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAARMSTADT GERMANY

17. INFORMANT (ADDRESS) Charles W. Alt
Evreker. mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MARTIN'S CEMETERY DATE AUGUST 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Brimmer
8 of House Springs

20. FILED 8/25 1938 James A. Townsend
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1938

I HEREBY CERTIFY That I attended deceased from Spring 1938 to Aug 24, 1938
Last saw him alive on 21 Aug 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Arterio sclerosis Date of onset 6 yrs
1932
Other contributory causes of importance: 97

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
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 James A. Townsend M. D.
(Signed) House Springs Mo
(Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John H. Brimmer

or by _____

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

Signed _____

John H. Brimmer

Licensed Embalmer No. *1470*

P. O. Address *House Springs Mo*

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.)

If this body is not embalmed, above space should be left blank.