

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JAN 12 1940

791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
Life. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis. 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3432 Miami St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Otto Zimmer 560  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 12th  
year 1939 hour 11 30 A.M. 11 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
7. Birth date of deceased: May 1st 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 12 1939 to Dec 12 1939  
that I last saw him alive on Dec 12 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 6 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Lobar Pneumonia Duration 1 1/2 day  
Bronchial Pneumonia  
Due to Aspiration 108  
Due to \_\_\_\_\_

9. Birthplace St. Louis. Mo.  
(City, town, or county) (State or foreign country)

Other conditions Acute Myocarditis 3 days  
(Include pregnancy within 3 months of death) due to Lobar + Bron. Pneumonia PHYSICIAN

10. Usual occupation Printer

11. Industry or business Retired Printer

12. Name Baltazar Zimmer  
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Louise Bauman  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nelda Stuetzer  
(b) Address 3432 Miami St.

17. (a) Cremation (b) Date thereof Dec 13 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

Major findings: Of operations none  
Of autopsy Lobar left. Bronchial ct. congestion liver fatty mucleled heart  
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director J. B. Budeck  
(b) Address 2906 Gravois AVE.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

19. (a) DEC 13 1939 (b) J. B. Budeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e). Means of injury \_\_\_\_\_  
28. Signature W. S. Guesbury (M. D. or other)  
Address 3058 Lafayette Date signed Dec 13-39

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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, or by.....

..... *Wallace N. Fitch* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wallace N. Fitch* .....

Licensed Embalmer No. *3859*.....

P. O. Address.....

**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.**