

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethesda Hosp  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town Pine Lawn NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6207<sup>a</sup> Creston Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Harry George Zimmerman  
8. (b) If veteran, name war None  
8. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 22  
year 1940 hour 12 minute 19 A M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 9/21/40  
\_\_\_\_\_ 19 \_\_\_\_\_ to 9/22/40, 19 \_\_\_\_\_  
that I last saw him alive on 9/21/40, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

7. Birth date of deceased September 2, 1940  
(Month) (Day) (Year)

Immediate cause of death Septicemia

8. AGE: Years \_\_\_\_\_ Months 0 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Esquelas  
Due to Impetigo  
Other conditions Throat  
(Include pregnancy within 8 months of death)

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy not done

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Harry George Zimmerman  
13. Birthplace St Louis  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Echele  
15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Parents  
(b) Address 6207<sup>a</sup> Creston Pl. Pine Lawn

17. (a) Burial (b) Date thereof 9/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) SEP 23 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's name)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 7

23. Signature J. E. Schaefer (M. D. or other)  
Address Bethesda Date signed 9/23/40

Physician  
Underline the cause to which death should be charged statistically.

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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed

*William G. Bush*

Licensed Embalmer No. ....

*2110*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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