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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4822

FILED MAR 25 1941 91  
Registration District No. \_\_\_\_\_

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

State File No. \_\_\_\_\_

Registrar's No. 1070

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: 2841 McNair Av.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Anna Zimmer

3. (b) If veteran, name war no. 3. (c) Social Security No. 720

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Philip Zimmer 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 23 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Venedee Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

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

12. Name William Rabe

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heeterport

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Zimmer

(b) Address 2841 McNair Av.

17. (a) Burial (b) Date thereof 2-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marcus Cem

18. (a) Signature of funeral director W. B. ...

(b) Address 2929 Jefferson Av.

19. (a) FEB 2 1941 (b) J. T. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 724  
(d) Street No. 2841 McNair Av.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1941 hour 70 minute 10 p. M.

21. I hereby certify that I attended the deceased from October 5, 1940, to Jan 31, 1941;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Rectum Duration 3 1/2 Mo

Due to: Arthritis Deformans 2 yrs

Due to: Rheumatism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 D

23. Signature Fred W. Rolling (M. D. or other) \_\_\_\_\_  
Address 2125 Sidney St. Date signed 3/1-41

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

MOTHER FATHER

**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.....

*Paul A. Shanklin*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Edgar F. Hitt*

Licensed Embalmer No.....

*2117*

P. O. Address.....

*2929 S Jefferson*

**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, fact should be so stated above.**