No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20158

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4970

1. PLACE OF DEATH:

(a) County

(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: 3117 Nebraska Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis. 1724
(If outside city or town limits, write "RURAL")

(d) Street No. 3117 Nebraska Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life. years.

3. (a) PRINT FULL NAME OTTO ZIMMERMAN

3. (b) If veteran, name war

3. (c) Social Security No. 489-05-3743

4. Sex Male/ 5. Color or race White 6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Marie Zimmerman 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan 7th 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 8 If less than one day hr. min.

9. Birthplace St.Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business

FATHER
12. Name Fred. Zimmermam
13. Birthplace Oregon /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Woest
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Zimmerman
(b) Address 3117 Nebraska Ave.

17. (a) Burial (b) Date thereof June 18/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St.Marcus.

18. (a) Signature of funeral director Thorsheitis & Son
(b) Address 2906 Gravois Ave.

19. (a) JUN 17 1941 (b) J. N. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 2 05 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 1941, to June 15, 1941;
that I last saw him alive on June 14, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial failure	wks
Due to Hypertension	years
hypertensive heart	
Due to disease	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H L Jaslyn (M. D. or other)
Address 3903 Olive Date signed 6.16.41

(Licensed Embalmer's Statement on Reverse Side)

4475 W. Pine

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 David Milton Van Fossan, Registered Apprentice No. 280 working under my personal supervision.

Signed Thos Litts

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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

If this body is not embalmed, fact should be so stated above.