

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29967
State File No. _____
Registrar's No. 7306

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5241 Vermont /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
5241 Vermont
(If rural, give location)
(d) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Stengel-Zimmerman

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William Zimmermann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph Schirman

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

14. Maiden name Caroline Vogel

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

16. (a) Informant John J. Stengel

(b) Address 5241 Vermont

17. (a) Burial (b) Date thereof 9-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery Southern Funeral Home

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blvd.

19. (a) SEP 9 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th
year 1941 hour 9 minute 20 a. m.

21. I hereby certify that I attended the deceased from 1936
to September 7, 1941
that I last saw her alive on September 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 36 hours

Due to Hypertensive heart disease 10 years

Due to _____

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 _____

23. Signature Burchard Schmitt (M. D. or other) M.D.
Address 6006 Virginia Avenue Date signed 9/9/41

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

B. J. Priddy

6006 Va

Jan 27 27

2 to 4

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed  *W. L. Berryman*

Licensed Embalmer No. *4018*

P.O. Address *St. Louis 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, fact should be so stated above.