

FILED OCT 28 1948

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

Primary Registration District No. 1003

Registrar's No. 8567

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis, Missouri.

(c) Name of hospital or institution: 1925-A Cherokee Street.  
(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 William C. Zimmerman,

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 4944-03-916

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Ida Zimmerman

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: February 3rd, 1881.  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Machinist

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

MOTHER FATHER { 12. Name Henry Zimmerman

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

14. Maiden name Sophia Lueders

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

16. (a) Informant Ida Zimmerman

(b) Address 1925-A Cherokee Street.

17. (a) Burial (b) Date thereof Oct. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenbein Bros.

(b) Address 6409 Gravois Ave.

19. (a) 15 1942 (b) J. F. Creduck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_

(c) City or town Saint Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 1925-A Cherokee Street.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,  
year 1942. hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from October 8th, 19 42 to October 14th, 19 42  
that I last saw him alive on October 13th, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 3 days

Due to Chronic Interstitial Nephritis and Arteriosclerosis 1 year

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations XXXXX

Of autopsy XXXX

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) XXX

(b) Date of occurrence XX

(c) Where did injury occur? XXX  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX

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

23. Signature Dr. H. H. Walters (M. D. STATE) Date signed 10/14/42  
Address 3608 S. Grand Blvd.

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *6409 Gravois*

**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.**