

FILED DEC 29 1942 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10659

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:
517 Eiler St. /
(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..... 000
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 517 Eiler St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME August Zimmer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Lulu Zimmer 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased..... March 3, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 16 hr. min.

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

10. Usual occupation..... Shoe Repair Man

11. Industry or business.....

12. Name..... August Zimmer
13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name..... Don't know
15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Lulu Zimmer
(b) Address..... 517 Eiler Ave.

17. (a) Burial (b) Date thereof..... Dec. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Cemetery

18. (a) Signature of funeral director..... Weick Bros.
(b) Address..... 2201 S. Grand Bl

19. (a) DEC 21 1942 (b) J. F. Brueck
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec day..... 19
year..... 1942 hour..... 7 minute..... 45 A.M.

21. I hereby certify that I attended the deceased from..... 10/12/42
..... 19..... to..... 12/29 19..... 42
that I last saw him alive on..... 12/19..... 19..... 42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bright's disease; Chronic
Due to..... fr

Due to..... 12/1

Other conditions..... 12/1
(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..... Andrew J. Klam (M. D. or other) MD
Address..... 4632 So Grand Date signed..... 12/21/42

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

MOTHER FATHER

#1

4632 S. Street
Do Klein

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 Wm A. Thomas
Licensed Embalmer No. 3722
P. O. Address 412 West 10th Street

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.