

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16791

MAY 27 1943

318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

4458

## 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:  
2405a Union Blvd.  
(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 Harry G. Zimpelmann3. (b) If veteran, name war..... 3. (c) Social Security No. 492-03-85044. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife..... Bessie Zimpelmann 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased..... Aug. 15 1882  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
60 8 27 hr. min.9. Birthplace..... Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation..... Elevator Operator11. Industry or business..... Rothchild Hat Co.12. Name..... Henry Zimpelmann 13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)14. Maiden name..... Bessie Born 15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant..... Bessie Sirna(b) Address..... 2405a Union Blvd.17. (a) Burial (b) Date thereof..... 5-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Bellefontaine Cem.18. (a) Signature of funeral director..... Drehmann-Harral(b) Address..... 1905 Union Blvd.19. (a) MAY 13 1943 (b) J. F. Burdick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 100  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2405a Union Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country?..... 0 (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1943 hour 8:50 minute A.M.21. I hereby certify that I attended the deceased from February 26  
1938 to May 12 1943;  
that I last saw him alive on May 11 1943;  
and that death occurred on the date and hour stated above.Immediate cause of death..... Myocarditis Chronic Duration 1339Due to Fibrotic lung - secondary to XRay therapy and pneumonia 11-1-38Due to Carcinoma right breast 1936?  
(No gross recurrence post operative)Other conditions.....  
(Include pregnancy within 3 months of death)Major findings: 50 PHYSICIAN  
Of operations..... Carcinoma 1938Of autopsy..... None 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..... W. H. O'Leary (M. D. or other) h.v.Address..... 648 Hamilton Date signed 5-12-43

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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.....

*Albert R. Thompson Jr*

Licensed Embalmer No. ....

*4237*

P. O. Address.....

*St. Louis*

**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.**