V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23690

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6294

**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: Christian Hospital 0
(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:** 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4471 OLIVE ST. 19
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Infant Zimmermann

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 8 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 7 hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name WALTER B. ZIMMERMANN JR
13. Birthplace DES MOINES (City, town, or county) IOWA 1 (State or foreign country)

MOTHER
14. Maiden name GRACE S. WOOLWINE
15. Birthplace STEWART (City, town, or county) VIRGINIA 1 (State or foreign country)

16. (a) Informant Walter B. Zimmermann Jr.
(b) Address 4471 Olive St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 12 (Day) 43 (Year)
(c) Place: burial or cremation ST. TRINITY LUTH CEM.

18. (a) Signature of funeral director C. Hoffmeister U+L Co.
(b) Address 7814 S. Broadway

19. (a) JUL 12 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9 year 1943 hour 5 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 8, 1943, to July 9, 1943; that I last saw him alive on July 8, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Lobar Pneumonia | ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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Major findings:
Of operations
Of autopsy Pneumonia of both lungs Enlarged Thymus

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 [signature] (M. D. or other)

Address 607 N. Grand Av. Date signed 7-9-43

(Licensed Embalmer's Statement on Reverse Side)

## 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 ~~Linus~~ Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**