

FILED NOV 20 1943

Registration District No. **318**

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

Registrar's No. **9849**

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:  
**City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5532 Magnolia Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Zimmerly**

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 **Married**

6. (b) Name of husband or wife **John Zimmerly**  
6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Dec. 29th 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>10</b>	<b>10</b>	hr. _____ min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER {

12. Name **Vale Diefenbach**

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

14. Maiden name **Mary Landrich**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **John Zimmerly**

(b) Address **5532 Magnolia Ave.**

17. (a) **Burial** (b) Date thereof **11- -43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **NOV 10 1943** (Date received local registrar)  
**J. J. Buck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **8th**  
year **1943** hour **8:30** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **Nov. 5 1943**, 19\_\_\_\_ to **Nov. 8 1943**, and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia (acute)** Duration **3 da.**

Due to **Chronic Interstitial nephritis - 5 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **1/2/43**  
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) **no**

(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 **J. J. Buck** (M. D. or other) **MS**

Address **16200 Columbia** Date signed **11/9/43**

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

6200  
No 0223  
Number

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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 *Richard W. Stevesand*  
Licensed Embalmer No. *4007*  
P. O. Address.....

**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.**