

No. 2
M-5-43
5-17-43
X38671

State File No.

Registrar's No.

NOV 17 1943

Registration District No. 317

Primary Registration District No. 3070

2488

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
524 Edgar Court
(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 St. Louis

(c) City or town Webster Groves,
(If outside city or town limits, write "RURAL")

(d) Street No. 524 Edgar Court
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Aloysius Zimmerman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1943 hour 1 minute 19 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him alive on Nov 6, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased: November 28 1863
(Month) (Day) (Year)

Immediate cause of death.....
Cancer of Prostate involving Blatter

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

8. AGE: Years Months Days If less than one day

79 11 28 hr. min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Electrician

11. Industry or business.....

MOTHER FATHER { 12. Name William Zimmerman

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

14. Maiden name Unavailable

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elliott Harrison

(b) Address 524 Edgar Court

17. (a) Removal (b) Date thereof 11/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York City, N. Y.
Bunnell Funeral Home

18. (a) Signature of funeral director.....
(b) Address New York City,

19. (a) NOV 9- 1943 (b) E. G. Mc Barran, Jr. D.
(Date received local registrar) (Registrar's signature)

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 P. B. Casper, M.D. (M. D. or other)
Address 3284 Franklin Date signed 11-8-43

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

129
12/43

7:7

NOV 19 1949

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. Wilkinson

Licensed Embalmer No..... *3575*

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.