

FILED JAN 31 1944

Primary Registration District No. 6076

Registrar's No. 191

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution: 236 East Felton, Lemay, Missouri
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(d) Street No. 236 East Felton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOHN ZIMMERMANN
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 22nd
year 1944 hour 2 minute 45 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Johanna Zimmermann
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: May 20 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 13, 1944 to Jan. 21, 1944
that I last saw him alive on Jan. 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 9 days
Due to Chronic Bronchitis 1 yr.

8. AGE: Years 73 Months 8 Days 2
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 107
Of autopsy -----

9. Birthplace Temesvar Hungary
(City, town, or county) (State or foreign country)
10. Usual occupation Cabinet maker

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business -----
12. Name Unavailable
13. Birthplace -----
14. Maiden name Unavailable
15. Birthplace -----

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? -----

16. (a) Informant Edward Zimmermann--Son
(b) Address 8007 Genesta Place, Affton, Mo
17. (a) Cremation (b) Date thereof 1-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of plane) While at work? (e) Means of injury -----
23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145 a S. Grand Blvd. Date signed 1/22

(c) Place: burial or cremation Missouri Crematory
C. Hoffmeister U. & L.
18. (a) Signature of funeral director -----
(b) Address 7814 South Broadway, St. Louis, Mo
19. (a) JAN 25 1944 (b) E. G. Gaven, M.D.
(Date received local registrar) (Registrar's signature)

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

6000

707

FEB 8 1844

JAN 3 1944

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.....

Louis C. Hoffmeister

Registered Apprentice No.

working under my personal supervision.

Signed: *Louis 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.