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X35897

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **5327**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4033 California Av.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 4033 California Av.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Zimmermann
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11
year 1944 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 12
1943, to June 11 1944
that I last saw h. alive on June 11 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph A. Zimmermann 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 8 - 1869

Immediate cause of death Coronary thrombosis
Duration 1 hour

8. AGE: Years 75 Months 2 Days 3 If less than one day _____ hr. _____ min.

Due to Chronic myocarditis about 3 years

9. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name Christian Renz 13. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

Underline the cause to which death should be charged statistically.

14. Maiden name Anna C. Dengler 15. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

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 Joseph Zimmermann (b) Address 4033 California Av.

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

17. (a) Burial (b) Date thereof 6-14-44 (Burial, cremation, or removal) _____ (Month) (Day) (Year) _____

23. Signature J. C. Bredeck (M. D. or other) MD
Address 3606 Shannon Date signed 6/11/44

(c) Place: burial or cremation Sunset Burial Pl

18. (a) Signature of funeral director With Bro. L. H. Jefferson (b) Address Jefferson Av.

19. (a) JUN 12 1944 (b) J. C. Bredeck (Date received local registrar) _____ (Registrar's signature) _____

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

MOTHER FATHER

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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.....

Edgar F. Witt

Licensed Embalmer No.

2117

P. O. Address.....

2929 S Jefferson

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.