No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41245

FILED JAN 13 2 1945

Registration District No. 3021-5474 Primary Registration District No. 3021-5474 Registrar's No. 345

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Rural Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Aboard C R I & P Train #44 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Traveling Through years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Kane 99

(c) City or town Elgin (If outside city or town limits, write "RURAL") 11

(d) Street No. 357 Russell St. (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Ida Zimmerli

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Zimmerli

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

7. Birth date of deceased Mar (Month) 26 (Day), 1876 (Year)

8. AGE: Years 68 Months 0 Days 18 If less than one day — hr. — min.

9. Birthplace Bern (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Hirs Brunnter
13. Birthplace Mikon (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Mikon
15. Birthplace Mikon (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mrs Edith Conn

(b) Address Elgin Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 15, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Elgin Ill

18. (a) Signature of funeral director Raymond A Davis

(b) Address Trenton Mo

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th year 1944 hour 10:05 minute P M.

21. I hereby certify that I attended the deceased from As Coroner, 19__, to 12-14-, 1944 that I last saw h__ alive on ....., 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
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)

(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 Wm G. Fuson (M. D. or other) M.D.

Address Trenton Mo Date signed 12-15-44

1850 (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

Myself Registered Apprentice No.

working under my personal supervision.

Signed Rayme A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

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.

S. No. 2B
4—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 32 Primary Registration District No. 5474 Registrar's No. 345

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Rural Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (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 (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ida Zimmerli

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) - 26 (Day) 18 (Year)

8. AGE: Years 68 Months 0 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12-15-44 (Date received local registrar) (b) L S Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1944 hour minute M.

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

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

41245