

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 Enroute to City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Charles A. Zimmerman  
 3. (b) If veteran, name war Nil  
 3. (c) Social Security No. Unknown

4. Sex Male  $\rho$  5. Color or race White  
 6. (a) Single, widowed, married, divorced, widower  
 6. (b) Name of husband or wife Unknown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 10 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	11	12	hr. _____ min.

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

10. Usual occupation Unknown

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

MOTHER FATHER {  
 12. Name Andrew Zimmerman  
 13. Birthplace Berne Switzerland 5  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ann Edmondson  
 15. Birthplace Yorkshire England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant J.A. Zimmerman

(b) Address Sandoval, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Sandoval, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 25 1945 (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2700a S. Broadway  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
 year 1945 hour 4:50 minute 07P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Coronary Arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Dr. Alfred J. Perry 3 (M. D. or other)  
 Address Deputy Coroner Date signed 1-25-45

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

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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

*Albert W. Kappeler*

Licensed Embalmer No..... *1861* .....

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.**