FILED APR 13 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10176

Do not use this space.

1. PLACE OF DEATH
(a) County Maries Registration District No. 207
(b) Township Miller Primary Registration District No. 5758 Registered No. 38
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman Leo Zimmer
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1945

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brinktown Missouri

FATHER
13. NAME Joseph Henry Zimmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brinktown Mo

MOTHER
15. MAIDEN NAME Marie Margaret Bauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brinktown Mo

17. INFORMANT (ADDRESS) Joseph Zimmer Brinktown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brinktown DATE March 18, 1945

19. FUNERAL DIRECTOR (ADDRESS) Joseph H Zimmer Brinktown Mo

20. FILED 3/29/ 1945 Erma Bassett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1945

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1945, to March 18, 1945
I last saw him alive on March 18, 1945. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Kenley Yates, M. D.
(Address) Dixon, Mo

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM-7-20-37 1 X12604

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-11-45

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)