S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1945

State File No. 28599

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2853

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: St.Louis County Hospital 0 (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 Mo. (b) County St.Louis 96

(c) City or town Gardenville 0 (If outside city or town limits, write "RURAL")

(d) Street No. 5219 Hilda ave. 0 (If rural, give location)

(e) Citizen of foreign country no (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Geraldine Zimmer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased July (Month) 10 (Day) 1933 (Year)

8. AGE: Years 12 Months 1 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation School Girl

11. Industry or business .....

FATHER
12. Name Arthur D.Zimmer
13. Birthplace Doe Run (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lillian Allen
15. Birthplace East St.Louis (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Lillian Zimmer

(b) Address 5219 Hilda ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18-45 (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEMETERY

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co

(b) Address 7814 S.Broadway St.Louis,Mo.

19. (a) 8-20-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1945 hour 4 minute 00 A.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 3rd degree burns & .....

Due to Possible Carbon Monoxide Poisoning

Due to Accident

Other conditions (Burned in home) (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy None

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) Accident 96

(b) Date of occurrence 8-15-45

(c) Where did injury occur? Lemay (City or town) St.Louis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private home (Specify type of place)

While at work? no (e) Means of injury Fire

23. Signature Arnold J. Willmann Coroner (M. D. or other)

Address Clayton Mo Date signed 8-17-45

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

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.