V. S. No. 2
100M—5-43
Rev. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29514

FILED SEP 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8209

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

00
17
9

1. PLACE OF DEATH:

(a) County
(b) City or town: ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: ST. Louis 96
(c) City or town: ST. Louis County (If outside city or town limits, write "RURAL")
(d) Street No.: 3053 Arlmont (If rural, give location) NR 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: HENRY ZIMMERMANN
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Rosina
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Dec (Month) 2 (Day) 1873 (Year)

8. AGE: Years 71 Months 9 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Hungaria (State or foreign country)
10. Usual occupation: Custodian
11. Industry or business: Retired
FATHER
12. Name: Philip Zimmermann
13. Birthplace (City, town, or county) Hungaria (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Daser
15. Birthplace (City, town, or county) Hungaria (State or foreign country)
16. (a) Informant: Dee Zimmermann
(b) Address: 3710 N. Grand Blvd
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Sept 22 45 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla
18. (a) Signature of funeral director: Provost Und Co
(b) Address: 3710 N. Grand Blvd
19. (a) SEP 21 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1945 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec 19 39 to Sept 20 19 45 that I last saw him alive on Sept 20 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death: Post-Operative Shock — Duration 2 wks
Due to: Prostatectomy
Due to: Hypertrophy Prostate
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis Heart Disease
Major findings: Of operations: Hypert. Prostatectomy
Of autopsy: No

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: Arthur E. Strauss (M. D. or other)
Address: 539 N. Grand Date signed 9/21/45

(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. Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.