

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36053

State File No. \_\_\_\_\_

FILED NOV 28 1945

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 9985

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes 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) 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 003  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1053 Forest Ave.  
(If rural, give location) 94  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIA EDNA ZIMMERMANN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edward P. Zimmerman 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Oct. 3 1895  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name William Pillman  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Steinmeyer  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Zimmerman

(b) Address 1053 Forest Ave.

17. (a) Burial (b) Date thereof 11-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 19 1945 (b) J. F. Bredeck  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16  
year 1945 hour 12 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 10-28  
1945 to 11-16, 1945  
that I last saw her ER alive on 11-16, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 1 Mo.

Due to myocardial damage + pericardial effusion  
Due to 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Co of right breast  
Of operations Primary id breast  
Of autopsy pericardial effusion, fibrosis of right lung, + carcinoma of liver  
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 JR Cralley M.D. (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed \_\_\_\_\_

**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 *Warren A. Carver*

Licensed Embalmer No. *3534*

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.**