

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED NOV 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. 32841

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1212

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph Mo
(c) Name of hospital or institution: State Hospital # 2
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 yrs 0 months 9 days
In this community 47 years, 0 months 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Roy Zimmerman

3. (b) If veteran, name war

no3. (c) Social Security No. no

4. Sex

Male

5. Color or race

White

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

Single

6. (b) Name of husband or wife

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

7. Birth date of deceased

was 21 yrs (Month) Dec 3 (Day) 1899 (Year)

8. AGE:

Years

Months

Days

If less than one day

67hr. min.

9. Birthplace

Lawrence, Mo (City, town, or county) (State or foreign country)

10. Usual occupation

Callar maker

11. Industry or business

not given

12. Name

not given

13. Birthplace

not given (City, town, or county) (State or foreign country)

14. Maiden name

not given

15. Birthplace

not given (City, town, or county) (State or foreign country)

16. (a) Informant

Hospital records

(b) Address

St. Joseph, Mo

17. (a) Date of death

10-16-46 (Month) (Day) (Year)

(b) Place of death

Medical Dept. Washington University

18. (a) Signature of funeral director

not given

(b) Address

5225 King High St. St. Joseph, Mo

19. (a) Date received local registrar

Oct. 29, 1946

(b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 411 Third St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1946 hour 9 minute 55 P M.21. I hereby certify that I attended the deceased from Sept 16/46 19 to Oct 17 1946; that I last saw him alive on Oct 17 1946; and that death occurred on the date and hour stated above.

Immediate cause of death

My postulated pneumoniaDue to Extremes EmaciationDue to multiple Decubitus sores

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

52

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)

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 J. J. Throck (M. D. or other)Address St. Joseph, Mo Date signed 10/13/46

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

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.