

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

22807

State File No.

Registrar's No. **5776**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

FILED JUN 23 1947
318

Registration District No. Primary Registration District No.

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 Days**
(Specify whether In this community..... years, months or days)

3. (a) PRINT FULL NAME **Albert W. Zimmermann**

3. (b) If veteran, name war *********

3. (c) Social Security No **488-05-6575**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Anna Zimmermann**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **January 7 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 **5** **5**hr.min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business.....

MOTHER FATHER {

12. Name **Theodore Zimmermann**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Genevieve Graft**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert C. Zimmermann**

(b) Address **1015 Oaklawn Ave Webster Groves Mo**

17. (a) **Burial** (b) Date thereof **6-13-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Ziegenfuss Bros.**

(b) Address **6409 Graciosa Ave**

19. (a) **JUN 12 1947** (b) **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5726 SOUTHWEST Ave**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11th** day **June**
year **1947** hour **2:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 18th**, 19**47** to **June 11**, 19**47**.
that I last saw h **alive** on **June 11** of **1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Primary Carcinoma of right lung, upper lobe**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy **Same**

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 **Walter T. Eason** (M. D. or other)
Address **5603 S. Brown** Date signed **6/14/47**

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

Dr. Brown
5003 - Bureau
PE - 21500
2 to 4

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 *Homer H. Fritz*
Licensed Embalmer No. *3882*

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.