V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26241

FILED #JUL 26 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6574

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(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
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 11th SOUTH 16th ST. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN ZIMPRO
3. (b) If veteran, name war
3. (c) Social Security 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 years
7. Birth date of deceased MAY (Month) 26 (Day) 1886 (Year)

8. AGE: Years 61 Months 1 Days 11 If less than one day hr. min.
9. Birthplace ITALY (City, town, or county) (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business
FATHER
12. Name LOUIS ZIMPRO
13. Birthplace ITALY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ALEOS
15. Birthplace ITALY (City, town, or county) (State or foreign country)
16. (a) Informant MR SHIELS
(b) Address 2335 MULLANPHY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell
19. (a) JUL 12 1947 (Date received local registrar) (b) J. F. Brecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1947 hour 12:55 minute P M.
21. I hereby certify that I attended the deceased from 4/4/47, 19, to July 7th, 19 47 that I last saw him alive on July 7th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the esophagus
Due to: Dysenostomy due to obstruction of esophagus
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

46

PHYSICIAN
Underline the cause of 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 O K Park (M. D. or other) 7/7/47
Address 1515 Lafayette Date signed

Jefferson City Printing Co. (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 Tom Carter Registered Apprentice No. 500, working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3164

P. O. Address St Louis, Mo

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.