

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED NOV 3 1947

Registration District No. **318** Primary Registration District No. **1000** Registrar's No. **9713**

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

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:  
**Bethesda 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

3. (a) PRINT FULL NAME **Otto Zimmermann Sr.**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

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

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

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

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **January 21 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>8</b>	<b>28</b>	..... hr. .... min.

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

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **Richard Zimmermann**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Frank Zimmermann**

(b) Address **8419 Michigan ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 22-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers emetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 21 1947** (Date received local registrar) **J. F. Brodack** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **8419 Michigan ave.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**  
year **1947** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 2**  
**1943** to **April 19**, 19**47**.  
that I last saw him alive on **April 19**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Chv Myocarditis**

Due to.....

Other conditions **Carcinoma of rectum**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?

23. Signature **Max Stauff** (M. D. or other) **MD**  
Address **5-12 Sam the** Date signed **10/20/47**

Duration **6 days**

**5 yrs.**

**6 mo.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadw*

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.