S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3284

FILED JAN 22 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 417

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: 3701 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3701 Pennsylvania Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PHILLIP Zimmer
3. (b) If veteran, name war
3. (c) Social Security No. 490 01 8397
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alvina Zimmer
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased February (Month) 8 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 4 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business unemployed
MOTHER FATHER
12. Name Theodore Zimmer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Wilhelminia Vierlin
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Alvina Zimmer
(b) Address 3701 Pennsylvania
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) JAN 14 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1948 hour 10:45 minute P.M.
21. I hereby certify that I attended the deceased from Sept 1 1947 to Jan 12 1948 that I last saw him alive on Jan 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of oesophagus	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 D. T. Johnson (M. D. or other) M.D.
Address 2801 Chippewa Date signed 1-13-48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

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.