

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18180  
Registrar's No. 4432

Registration District No. 318

Primary Registration District No. 1005

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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 46yrs. 2mos. 12ds.  
In this community Life  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARGARET (MAGGIE) ZIMMER  
MARGARET ZIMMER  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 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 October 7 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 7 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name Adam Zimmer

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

14. Maiden name Regina Kraus

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

16. (a) Informant Thelma Singler  
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 5-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 11 1948 (b) J. B. Breda  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 179  
(d) Street No. 5400 Arsenal St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1948 hour 4.00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan.  
1 1947, to May 10 1948  
that I last saw her alive on May 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to Arteriosclerotic Heart Disease 5yrs.x

Due to Senility  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy No 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. H. Gaudin (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal St. Date signed 5/11/48

---

---

**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.....

*Richard W. Stovesand*

Licensed Embalmer No. *4007*.....

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.**