

FILED AUG 30 1948

Registration District No. **42**Primary Registration District No. **1000**Registrar's No. **877**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME **MARY ELIZABETH ZIMMER**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **8, 1858**
7. Birth date of deceased **January** (Month) **8** (Day) **1858** (Year)

8. AGE: Years **90** Months **7** Days **10** If less than one day
hr. min.

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

10. Usual occupation **Housekeeper**
Home

11. Industry or business

12. Name **John Zimmer**
13. Birthplace **Baden Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Kreiner**
15. Birthplace **Baden Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Whittington (sister)**

(b) Address **6045 Pryor Ave., City**

17. (a) **Burial** (b) Date thereof **8/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **John E. Schupp**

(b) Address **6045 Pryor Ave., City**

19. (a) **8-23-48** (b) **E. B. Perkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL") **7**
(d) Street No. **6045 Pryor Ave.**
(If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18**,
year **1948** hour **9** minute **:50 P.M.**

21. I hereby certify that I attended the deceased from **8-18-48** to **8-18-48**
that I last saw him alive on **8-18-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1**

Due to **Fract. of Hip** **1904**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **786 18**

Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Cause, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **July 30, 1948** **131**
(c) Where did injury occur? **St. Joseph, Buchanan, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **-** (Specify type of place) (e) Means of injury **fall**

23. Signature **A. R. ...** M. D. or other
Address **734 Lee Ave** Date signed **8/24/48**

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.....

Grandal R. Stabe Registered Apprentice No. *213*
working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.