

National Office of Vital Statistics

State File No. _____

FILED OCT 23 1948 818

1003

8932

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
St. John's 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 Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7287 Delmar Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MAX O. ZIMMERMAN

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, Married
 7. (b) Name of husband or wife Lillie Zimmerman 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Unknown Sept 15, 1888
 (Month) (Day) (Year)

8. AGE: 60 Months 6 Days 28 If less than one day
About 58 hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)
 Usual occupation Retired Merchant
 Industry or business _____
 12. Name Unknown
 13. Birthplace Austria (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Austria (City, town, or county) (State or foreign country)

16. Informant Mrs. Max O. Zimmerman
 17. (a) Address 7287 Delmar Blvd.
 (b) Date thereof 10-15-48
 (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedrosh Hagodol Cem.
 18. (a) Signature of funeral director Herman Rindskopf, Inc
 (b) Address 5216 Delmar Blvd.

19. (a) OCT 15 1948 (Date received local registration)
 (b) J. B. Linsler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/13/48 day _____ year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to 10/12/48, 19____, and that I last saw him alive on 10/10/48, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure 2yr
 Duration _____

Due to _____
 Due to art sales. heart pro (2)

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 J. B. Linsler (M. D. or other) _____
 Address _____ Date signed 10/15/48

Can. by off. of St. Louis
 10/15/48

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 _____

John Ketter
.....
Licensed Embalmer No. 3880
.....
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.

3488148

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of St. Louis } ss.

State File No. 8932

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 26th day of October, 1948, before me appears Herman
Rindskopf, who, upon his oath, states that the original record of ~~birth~~ death
for Max O. Zimmerman died October 13, 1948 in the State of
Missouri, and which was filed at St. Louis on Oct 14, 1948, should be corrected as follows:

Item No. 7 should read September 15 - 1888
Instead of Unknown

Item No. 8 should read 60 years - 0 Months - 28 Days
Instead of About 58 years

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: Herman Rindskopf Fam. Dir.
Relationship.

5216 Selmar Blvd.
Present Address.

Subscribed and sworn to before me this 26th day of October, 1948.

My Commission expires May 13 - 1952 Norman S. Roth Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.



