

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3435**  
**769**  
Registrar's No. **1003**

FILED FEB 2 1949

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

13

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> )			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1822<sup>a</sup> MARCONI</b>				d. STREET ADDRESS (If rural, give location) <b>1822<sup>a</sup> MARCONI</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>FRITZ</b>		c. (Last) <b>ZIMMERLY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 23 1949</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUGUST 23, 1877</b>	
9. AGE (In years last birthday) <b>71</b>		10. UNDER 1 YEAR Days <b>5</b>		11. BIRTHPLACE (State or foreign country) <b>HERMAN, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>HERMAN, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ZIMMERLY</b>		13b. MOTHER'S MAIDEN NAME <b>LENA LINK</b>		14. NAME OF HUSBAND OR WIFE <b>WILHELMINA ZIMMERLY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>WILHELMINA ZIMMERLY</b> ADDRESS <b>1822<sup>a</sup> MARCONI</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Cerebral Hemorrhage</b></p> <p>DUE TO (c) <b>Generalized Arteriosclerosis vps</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b></p>				INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>			
				4 mos			
				yrs			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Maplewood St. Louis Co. Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>None</b>			
22. I hereby certify that I attended the deceased from <b>Sept 1948</b> , to <b>1/13, 1949</b> , that I last saw the deceased alive on <b>10 Jan 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John O. Kiser MD</b>				23b. ADDRESS <b>2648 Oakview Ter</b>		23c. DATE SIGNED <b>1/26/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-27-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 26 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. J. Coogan 716 Manchester</b>			

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J Allen Davis Jr*

Licensed Embalmer No. 4053

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.