

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43108
11211
State File No. Registrar's No.

FILED JAN 7 1950

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4341 Wyoming St.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4341 Wyoming St.</u>				d. STREET ADDRESS (If rural, give location) <u>4341 Wyoming St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) _____		c. (Last) <u>ZIMMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1949</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 6, 1879</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN GUARD</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>BALTHASER unknown Zimmer</u>			13b. MOTHER'S MAIDEN NAME <u>unknown LOUISE BATMAN</u>			14. NAME OF HUSBAND OR WIFE <u>Kate Zimmer</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>492 01 3382</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kate Zimmer, 4341 Wyoming St.</u>								
18. CAUSE OF DEATH Enter only one cause per line in (a), (b) and (c) <i>This does not mean the immediate cause, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANGINA PECTORIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H-202</u>		
22. I hereby certify that I attended the deceased from <u>March 1</u> <u>1949</u> , to <u>Dec 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 22</u> , 19 <u>49</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Robert C. Kunglund M.D.</u>						23b. ADDRESS <u>31 North Brentwood St. St. Louis 5, Mo.</u>						23c. DATE SIGNED <u>Dec 28, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cem</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>					
DATE REC'D BY LOCAL REG. <u>DEC 29 1949</u>			REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co., 7420 Michigan Ave.</u>							

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

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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 John Allen Jones.....

Licensed Embalmer No. 4063 -

P. O. Address Sioux Falls -

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 143108
Local Registrar's No. 11211

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth
for Henry Zimmer died 12-28-1949 death
~~1949~~, 19....., in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 10a should read Guard

Instead of Watchman

Item No. 13a should read Balthaser Zimmer

Instead of Unknown

Item No. 13b should read Louise Bauman

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 Oliver E. Fendler Fun. Dir.
Fendler Fun. 7420 Michigan

Present Address.

Subscribed and sworn to before me this 28 day of Jan, 1945

My Commission expires 3-4-53 Oliver E. Fendler Notary Public.

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

S-43108