

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15490

Registrar's No. 928

BIRTH NO. _____ REG. DIST. NO. **917** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Lemay Mo.		c. CITY (If outside corporate limits, write RURAL and give township) 87 TOWN Lemay,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 Fannie Ave.		d. STREET ADDRESS (If rural, give location) 302 Fannie Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) C.A. c. (Last) Zimlich			4. DATE OF DEATH (Month) (Day) (Year) April 10 50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 24, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 2 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) St. Louis, Mo	
13a. FATHER'S NAME John Paul			13b. MOTHER'S MAIDEN NAME Emelie Horche		14. NAME OF HUSBAND OR WIFE William Zimlich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME William Zimlich		ADDRESS 302 Fannie Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial sclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis		8 yrs	

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) W20.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**40**, to **4-9**, 19**50**, that I last saw the deceased alive on **4-7**, 19**50**, and that death occurred at **4:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE L. F. Murray	(Degree or title) M.D.	23b. ADDRESS 605-A-Russell	23c. DATE SIGNED 4-10-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 13	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis, MO

DATE REC'D BY LOCAL REG. 4-10-50	REGISTRAR'S SIGNATURE Herbert A. Wombert	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und Co.	ADDRESS 7420 Michigan Ave.
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(Licensed Embalmers' Statement on Reverse Side)

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

Dr. Mummy -
6052 Russell

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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 W. C. Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis

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.