

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 39208  
10207  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10207</b>		
1. PLACE OF DEATH a. CITY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place) <b>35 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5930 Theodore Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>5930 Theodore Ave.</b>				
3. NAME OF DECEASED (Type or Print)			a. (First) <b>George</b>			b. (Middle) <b>C.M.</b>		
			c. (Last) <b>Zimmer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29, 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 2, 1866</b>		
						9. AGE (In years last birthday) <b>84</b>		
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		
						11. BIRTHPLACE (State or foreign country) <b>Hoyleton, Illinois</b>		
						12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Jacob Zimmer</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown Heintz</b>			14. NAME OF HUSBAND OR WIFE <b>Ida Jane Zimmer Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Mack Daughter 5930 Theodore</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Degeneration</b>								<b>3 yrs.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
				DUE TO (b) _____				
				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4222</b>				
22. I hereby certify that I attended the deceased from <b>9-12, 1950</b> , to <b>11-29, 1950</b> , that I last saw the deceased alive on <b>11-29, 1950</b> , and that death occurred at <b>3:00 P.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>James T. Cook M.D.</b>				23b. ADDRESS <b>5536 Reba Ave.</b>			23c. DATE SIGNED <b>11-30-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-2-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 30 1950</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SUEDMEYER &amp; SON'S 3934 N. 20 Street</b>					

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

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Maxwell S. Prohivitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

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.