

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUR 7

FILED SEP 3- 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

7876

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY 2059	
c. LENGTH OF STAY (in this place) 9 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. STREET ADDRESS (If rural, give location) 5 6102 Washington, 1st Fl.E.	
3. NAME OF DECEASED a. (First) Mrs. BONNIE (Type or Print)		b. (Middle) JANET	
c. (Last) ZIMMERMAN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 19, 1902
9. AGE (in years last birthday) 50		10. UNDER 1 YEAR Months Days	11. UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and State or Foreign Country) Christiansburg, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alexander C. Moore		13b. MOTHER'S MAIDEN NAME Lelia Johnston	
13c. NAME OF HUSBAND OR WIFE Lester I. Zimmerman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Lester I. Zimmerman		ADDRESS 6102 Washington	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <i>Osteitis Deformans</i> <i>12 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY! YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		<i>4200</i>	
22. I hereby certify that I attended the deceased from <i>5-5, 1945</i> , to <i>8-17, 1952</i> , that I last saw the deceased alive on <i>8-17, 1952</i> , and that death occurred at <i>9 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R.V. Paurel M.D.</i>		23b. ADDRESS <i>3720 Washington</i>	
23c. DATE SIGNED <i>8-19-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>8/19/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Casstown Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Casstown, Ohio</i>	
DATE REC'D BY LOCAL REG. <i>AUG 19 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander & Sons</i>		ADDRESS <i>6175 Delmar</i>	

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

Dr. P. V. Powell
3720 Washington
Ne 9282

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 Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dulman

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.