

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30228  
Registrar's No. 7533

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**I. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_

**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 township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 3 Wks  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospt. d. STREET ADDRESS (If rural, give location) 1125 Hodiamont Ave

**3. NAME OF DECEASED** (Type or Print)  
a. (First) Margaret b. (Middle) 17 c. (Last) Zimmerman

**4. DATE OF DEATH** (Month) (Day) (Year) Aug. 6 1952

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Oct. 9 1891 **9. AGE** (In years last birthday) 60 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housework **10b. KIND OF BUSINESS OR INDUSTRY** Clark Funeral Home **11. BIRTHPLACE** (City and State or Foreign Country) St. Louis Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** John J Hughes **13b. MOTHER'S MAIDEN NAME** Mary Nolan **14. NAME OF HUSBAND OR WIFE** Wm. Zimmerman Dec.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** Dont Know **17. INFORMANT'S SIGNATURE OR NAME** Dorothy Sullivan **ADDRESS** 6626 Marv Ave.

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
Uremia  
*\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Uremia  
**ANTECEDENT CAUSES**  
DUE TO (b) Surgical shock & Intubation  
DUE TO (c) adhesions & gastrectomy  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
48 hrs  
4 days  
2 wks

**19a. DATE OF OPERATION** 7/21/52 **19b. MAJOR FINDINGS OF OPERATION** Scarring and adhesions - small bowel **20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** 545X

**22. I hereby certify that I attended the deceased from** 1946, to 6 Aug. 1952, that I last saw the deceased alive on 6 Aug. 1952, and that death occurred at 3:00pm., from the cause and on the date stated above.

**23a. SIGNATURE** (Degree or title) Richard W. Weaver M.D. **23b. ADDRESS** \_\_\_\_\_ **23c. DATE SIGNED** \_\_\_\_\_

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal **24b. DATE** Aug 9 1952 **24c. NAME OF CEMETERY OR CREMATORY** Zion Cem. **24d. LOCATION** (City, town, or county) (State) St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.** AUG 7 1952 **REGISTRAR'S SIGNATURE** J. Carl Smith **25. FUNERAL DIRECTOR'S SIGNATURE** Jos. W. Clark **ADDRESS** 1125 Hodiamont Ave.

*m 98* (Licensed Embalmer's Statement on Reverse Side)

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

Ferguson, Mo. 2 1111 4 PM.

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 J. Davis*.....  
Licensed Embalmer No. *4128*.....

P. O. Address *St. Louis MO*.....

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.