

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43553

State File No. _____

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11336**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
3. NAME OF DECEASED (Type or Print) Martha		d. STREET ADDRESS (If rural, give location) 23 2625 Iowa Ave.	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1901
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 2 Days 28	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At. Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Paul Ullrich	
13b. MOTHER'S MAIDEN NAME Martha Michalaki		14. NAME OF HUSBAND OR WIFE August Zimmermann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-01-6859	
17. INFORMANT'S SIGNATURE OR NAME August Zimmermann		ADDRESS 2625 Iowa Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES DUE TO (b) Essential Hypertension 3 yrs Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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)		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? 331X	
22. I hereby certify that I attended the deceased from 12-4 , 19 52 , to 12-8 , 19 52 , that I last saw the deceased alive on 12-7 , 19 52 , and that death occurred at 6 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE E. W. Wuthlin MD		(Degree or title) MD	
23b. ADDRESS 4145 S Grand		23c. DATE SIGNED 12-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/52	
24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken Sons Und.		ADDRESS 2630 Gravois.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Travis

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.