

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44007**

FILED JAN 8 - 1953

BIRTH NO. --- REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **3292**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berkeley</b>	
c. LENGTH OF STAY (in this place) <b>2 wks.</b>		d. STREET ADDRESS (If rural, give location) <b>1 Tyndal Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b> b. (Middle) <b>Henson</b> c. (Last) <b>Zimmermann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 25, 1952.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 18, 1869</b>	9. AGE (In years less birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Albert Zimmermann</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>S. Zimmermann, Berkeley, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Multiple myeloma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____ <b>203X</b>		
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Pneumonia</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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?

22. I hereby certify that I attended the deceased from 12-10, 1952 to 12-25, 1952, that I last saw the deceased alive on 12-25, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donks, M.D.</b> (Degree or title)	23b. ADDRESS <b>601 S. Brentwood Clayton</b>	23c. DATE SIGNED <b>12-26-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/27/52.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>
DATE REC'D BY LOCAL REG. <b>12-26-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donks, M.D.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Chapel, Ferguson, Mo.</b>		

**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 *A. M. White* .....

Licensed Embalmer No. *3953* .....

P. O. Address *Merquon, 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.