

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32809**

FILED OCT 10 1956

BIRTH NO.		REG. DIST. NO. <b>312</b>	PRIMARY REG. DIST. NO. <b>500</b>	Registrar's No. <b>2297</b>
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>Glencoe</b>		c. LENGTH OF STAY (in this place) <b>4 years</b>	c. CITY OR TOWN <b>Glencoe</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LaSalle Inst.</b>		e. STREET ADDRESS (If rural, give location) <b>La Salle Institute</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Brother Julius Hugh Zimmerer</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 27 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>3-19-1874</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR <b>82</b> Months <b>6</b> Days <b>12</b> Hours <b></b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Teacher</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wittenberg, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>non</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Brother L. Austin, LaSalle Inst., Glencoe</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital heart failure.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease heart -</b> DUE TO (c) <b>Ascites, generalized arteriosclerosis, conduction.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>			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) 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 <b>July 28, 1956</b> , to <b>Sept 27, 1956</b> , that I last saw the deceased alive on <b>Sept 27, 1956</b> , and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>L. Austin</b>		(Degree or title) <b>Brother</b>	23b. ADDRESS <b>LaSalle Inst., Glencoe, Mo.</b>	23c. DATE SIGNED <b>9/27-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>29 Sept 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LaSalle Inst.</b>	24d. LOCATION (City, town, or county) (State) <b>Glencoe Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-28-56</b>	REGISTRAR'S SIGNATURE <b>Deedert R. Donnelly</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>

(Licensed Embalmer) 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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Handwritten Signature].....

Licensed Embalmer No. 469.....

P. O. Address 3140 Lincoln.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.