

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3206**
Registrar's No. **123**

FILED JAN 25 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 123		
1. 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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital				e. STREET ADDRESS (If rural, give location) 4347 A. Laclede Ave				
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) ANNA c. (Last) ZIMMER			4. DATE OF DEATH (Month) (Day) (Year) 1-2-1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12-18-1897		
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 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 _____		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Pigg			13b. MOTHER'S MAIDEN NAME Mary Herod		14. NAME OF HUSBAND OR WIFE George L. Zimmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-10-3874		17. INFORMANT'S SIGNATURE OR NAME George L. Zimmer ADDRESS 4347 A. Laclede 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART FAILURE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MITRAL STENOSIS DUE TO (c) RHEUMATIC HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 YRS. UNKNOWN
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 410X				20. AUTOPSY? 2 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 10-4 , 1952, to 1-2 , 1957, that I last saw the deceased alive on 12-29 , 1956 and that death occurred at 1 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE John E. Smith (Degree or title) M.D.				23b. ADDRESS 35 N. Central, Clayton, Mo.		23c. DATE SIGNED 1-4-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 1-5-1957		24c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery		24d. LOCATION (City, town, or county) (State) Clayton & Ballas Road Mo		
DATE REC'D BY LOCAL REG. JAN 7 1957		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Zimmerman Bros ADDRESS 6409 Gravois Ave				

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.....
Signature of Student Embalmer

Signed *John M. Siquora*.....

Licensed Embalmer No. *434*.....

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

- 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.