

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038372
STATE FILE NUMBER

88
FILED OCT 30 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's 10149

S. 300
1-57

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|--|---------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Ohlman | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 32 | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRED NMN ZIMMERMAN | | | 4. DATE OF DEATH Month Day Year OCTOBER 22, 1958 | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Greenwood Township Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME William Zimmerman | | 13b. MOTHER'S MAIDEN NAME Otilia Engwer | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No | | 16. SOCIAL SECURITY NO. 350-32-1351 | | 17. INFORMANT Address B.F. Zimmerman Dodge City, Kansas | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA Conditions if any which gave rise to above cause (a), being the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 420.0 F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTERTROCHANTERIC FRACTURE RIGHT FEMUR | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 5 1/2 YEARS |
| 19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall from bed at hospital Barnes Hosp. | | | |
| 20c. TIME OF INJURY 10-18-58 m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo | |
| 21. I attended the deceased from SEPT. 26, 1958 to OCT. 22, 1958 and last saw her alive on OCT. 22, 1958 Death occurred at 2:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) C.E. Vermillion, M.D. | | | 22b. BARNES HOSPITAL | | 22c. DATE SIGNED 10/22/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE October 23, 58 | 23c. NAME OF CEMETERY OR CREMATORY Kettelkamp Cem | | 23d. LOCATION (City, town, or county) (State) Greenwood Township, Ill |
| 24. FUNERAL DIRECTOR Davis Funeral Home-Nokomis, Ill | | 25. DATE RECD. BY LOCAL REG. OCT 23 '58 | | 26. REGISTRAR'S SIGNATURE Earl Smith MO mjs | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *W. E. Morris*

Licensed Embalmer No. *3360*
P. O. Address *St Louis 9*

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.