

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-039403**

**FILED VS NOV 1 1960 310**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3058**

Registrar's No. **217**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		Length of stay in lb <b>40 Yrs.</b>	c. CITY OR TOWN <b>St. Charles</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>325 No. Third St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>E.</b> Last <b>Zimmermann</b>	4. DATE OF DEATH Month <b>Oct.</b> Day <b>25,</b> Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1872</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brass Finisher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>R.R. Car Building</b>	11. BIRTHPLACE (City and state or country) <b>Quincy, Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Zimmermann</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Cassaday</b>
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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>492-09-7850</b>	17. INFORMANT <b>Mr. Earl Frothero, St. Louis, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 to 3 days</b>
DUE TO (b) <b>Malnutrition and dehydration</b>		undetermined duration
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **10-24-60** to **10-25-60** and last saw her/him alive on **10-25-60**  
Death occurred at **8:55 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. T. Conroy</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>114 N. Main St. St. Chas., Mo.</b>	22c. DATE SIGNED <b>10-27-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 28, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct 27-60</b>	26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 1961

NOV 16 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Francis R. Amala*

Licensed Embalmer No. 48

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.