

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-027540

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6351 STATE FILE NUMBER

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY *		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>2 MONTHS</u>	c. CITY OR TOWN <u>DESOTO</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5428 MAPLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>St. Louis &amp; Blow St.</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CORDIA LEE ZIMMERMAN</u>			4. DATE OF DEATH Month Day Year <u>JULY 5 1961</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. SHOEWORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INT. SHOE Co.</u>	11. BIRTHPLACE (City and state or country) <u>DESOTO Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEE ZIMMERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JENKINS</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN ZIMMERMAN</u>
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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) <u>NO</u>	17. INFORMANT <u>HELEN ZIMMERMAN, ROLLA Mo.</u>
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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) <u>CARCINOMA of STOMACH</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo 25 days</u>
DUE TO (b) <u>CARCINOMA &amp; METASTASIS</u>		
DUE TO (c) <u>151X</u>		

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 a.m. p.m. Month, Day, Year	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 <u>May 12, 1961</u> to <u>July 5, 1961</u> and last saw him alive on <u>July 5, 1961</u> Death occurred at <u>1209 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Fragen S Alexander MD</u>	22b. ADDRESS <u>8363 N Union Blvd St. Louis</u>	22c. DATE SIGNED <u>7-6-61</u>
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23a. BURIAL (EMEMATION, REMOVAL) (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 8 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>DESOTO Mo.</u>
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24. FUNERAL DIRECTOR <u>DIETRICH F. HOME</u>	ADDRESS <u>DESOTO Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1961 JUL 25 1961 SA

**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 James B. Dietrich

Licensed Embalmer No. 4104

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