

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-035160

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8223 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED SEP 18 1961

1. PLACE OF DEATH
 a. COUNTY MISSOURI
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS Length of stay in 1b D.O.A.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY ST LOUIS
 c. CITY OR TOWN MEHLVILLE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt 8 - Box 1675 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First VAL Middle - Last ZIMMERMANN 4. DATE OF DEATH Month SEPT Day 1 Year 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-22-1875 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 10 Days 11 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - STONE MASCON 10b. KIND OF BUSINESS OR INDUSTRY BUILDING 11. BIRTHPLACE (City and state or country) ST LOUIS 6 MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME NICKOLAUS ZIMMERMANN 13b. MOTHER'S MAIDEN NAME MARGARET WATLE 14. NAME OF HUSBAND OR WIFE ELIZABETH ZIMMERMANN DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT FRANK ZIMMERMANN Address 10050 SCHESSLER ST LOUIS 28 MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocarditis, chronic
 DUE TO (b)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 422.2
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 2, 1950 to 9-1-61 and last saw him alive on 8-28-61
 Death occurred at 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. R. W. Lucki MD 22b. ADDRESS 8916 R. R. 1 22c. DATE SIGNED 9-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE SEPT-5-1961 23c. NAME OF CEMETERY OR CREMATORY OLD ST. JOHNS Cem 23d. LOCATION (City, town, or county) (State) MEHLVILLE MO

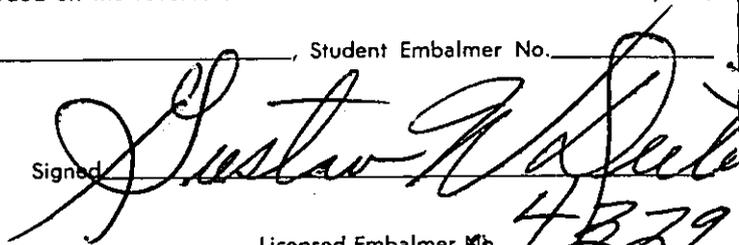
24. FUNERAL DIRECTOR Fey FUNERAL HOME MEHLVILLE MO ADDRESS 25. DATE RECD. BY LOCAL REG. SEP 5 1961 26. REGISTRAR'S SIGNATURE Earl Smith M.D.

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



Licensed Embalmer No. 4379

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.