

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-047055

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No. 1003 Registrar's No. 12058 STATE FILE NUMBER

AMENDED

Registration District No. FILED JAN 5 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 13 days	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5530 Devonshire Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LOUIS A. ZIMMERMANN			4. DATE OF DEATH Month Day Year DEC. 23, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-11-1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing salesman-retired		10b. KIND OF BUSINESS OR INDUSTRY Printing Industry		11. BIRTHPLACE (City and state or country) Washington Court House, Chillicothe, Ohio, U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Julius C. Zimmermann		13b. MOTHER'S MAIDEN NAME Bertha W. Schmieder		14. NAME OF HUSBAND OR WIFE Margaret A. Zimmermann		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Margaret A. Zimmermann, 5530 Devonshire
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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) Fracture of left femur DUE TO (b) Myocardial DUE TO (c) Hypertensive Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 13 days 6 yrs 1 day
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's Disease		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home
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20c. TIME OF INJURY Hour Month, Day, Year 12-10-61	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.) 14 Home	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY MO.	STATE
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21. I attended the deceased from 12-14-61 to 12-23-61 and last saw her/him alive on 12/23/61 Death occurred at 4:10 A.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) Dr. Gustaf Dahms M.D.	22b. ADDRESS 1852 So Grand	22c. DATE SIGNED 12-23-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-26-1961	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
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24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. DEC 28 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DATE RECEIVED 1-28-61
INSTEAD OF Washington Court House Ohio
SHOULD READ
BY AFFIDAVIT OF Funeral Director

DOCUMENT MEDICAL CERTIFICATION

O.K. John Smith
Sept 21-21

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 Ernest W. Spill
Licensed Embalmer No. 408

P. O. Address _____

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.