(Licensed Embalmer's Statement on Reverse Side)

SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-047906
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3625

FILED JAN 19 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Hts. — Length of stay in 1b: 6 Weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St. Louis (City) — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3680 Loughborough Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: JULIA Middle: ANN Last: ZIMMERER
4. DATE OF DEATH: Month: Dec. Day: 19 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 15, 1905
9. AGE (last birthday): 56
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Belleville, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Moessinger
13b. MOTHER'S MAIDEN NAME: Elizabeth Unknown
14. NAME OF HUSBAND OR WIFE: Alois F. Zimmerer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Thomas R. Zimmerer Address: 4219 Bates St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Renal Failure – Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Lymphosarcoma involving Ureters
DUE TO (c): Bladder + Kidney on Left — 20 months
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. p.m. Month, Day, Year
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

BY AFFIDAVIT OF

21. I attended the deceased from March 1960 to present and last saw her/him alive on 12-18-61
Death occurred at 8:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Richard T. Sterkel MD
22b. ADDRESS: 634 No Grand Ave
22c. DATE SIGNED: 12-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Mtr)
23b. DATE: Dec. 22, 1961
23c. NAME OF CEMETERY OR CREMATORY: Green Mount Catholic Cem.
23d. LOCATION (City, town, or county) (State): Belleville, Ill.
24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: 12-20-61
26. REGISTRAR'S SIGNATURE: John C. Murphy MD. Jr

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 William B White

Licensed Embalmer No. 5291

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.