

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017440

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4220** STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 1 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS 18,** Length of stay in 1b **4 hours**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. ANTHONY'S HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Sunset Hills** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **256 Deane Court** Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last **Richard Nicholas ZIMPELMAN** 4. DATE OF DEATH Month Day Year **APRIL 19 62**

5. SEX **MALE** 6. COLOR OR RACE **W.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-19-62** 9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min **4 50**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **WALTER NICHOLAS ZIMPELMAN** 13b. MOTHER'S MAIDEN NAME **RUBY JOAN MISSING** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **256 Deane Ct. Mrs. Walter N. Zimpelman, Jr.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Inanition**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Prematurity 34 weeks gestation**
 DUE TO (c) **776x**
 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 _____

21. I attended the deceased from **4/19/62** to **4/19/62** and last saw ^{her}him alive on **4/19/62**
 Death occurred at **6:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Walter Zimpelman** 22b. ADDRESS **4517 Walden** 22c. DATE SIGNED **4/20/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-20-62** 23c. NAME OF CEMETERY OR CREMATORY **Lakewood Park** 23d. LOCATION (City, town, or county) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR **HOFFMEISTER COLONIAL MORTUARY** ADDRESS **SAM** 25. DATE RECD. BY LOCAL REG. **APR 24 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 *Bill C. Hanson*

Licensed Embalmer No. 2764

P. O. Address St Louis 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.