

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029640

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2001

VS 300
Rev. 4/59

14000
24000

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

<p>FILED JUL 31 1962</p> <p>PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE MISSOURI b. COUNTY St. Louis</p>	
<p>a. COUNTY St. Louis</p>		<p>c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay</p>		<p>Length of stay in 1b 6 mos.</p>	
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 652 Bellsworth Drive</p>		<p>d. STREET ADDRESS (If outside, give location) 652 Bellsworth Drive</p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last THEODORE CHRISTIAN ZIMMERMAN</p>		<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year July 4, 1962</p>	
<p>5. SEX male</p>		<p>6. COLOR OR RACE white</p>	
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH 1/9/1891</p>	
<p>9. AGE (last birthday) 71</p>		<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY casket manufacturers</p>	
<p>11. BIRTHPLACE (City and state or country) St. Louis, Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Theodore F.W. Zimmerman</p>		<p>13b. MOTHER'S MAIDEN NAME Augusta Heinz</p>	
<p>14. NAME OF HUSBAND OR WIFE Katherine Heyer</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>	
<p>16. SOCIAL SECURITY NO. [Redacted]</p>		<p>17. INFORMANT Address Mrs. Katherine Zimmerman, 652 Bellsworth</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Carcinoma of esophagus</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>		<p>INTERVAL BETWEEN ONSET AND DEATH 1 yr</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from March 62 to July 62 and last saw him alive on 3 July 62 Death occurred at 1:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE Ralph V. Gieseler (Print or title)</p>		<p>22b. ADDRESS 52 Maryland</p>	
<p>22c. DATE SIGNED 7/6/62 (State)</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) removal</p>	
<p>23b. DATE 7/7/62</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery</p>	
<p>23d. LOCATION (City, town, or county) St. Louis, Missouri</p>		<p>24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</p>	
<p>25. DATE RECD. BY LOCAL REG. 7-6-62</p>		<p>26. REGISTRAR'S SIGNATURE John B. Murphy</p>	

USE BLACK INK OR TYPEWRITER RIBBON

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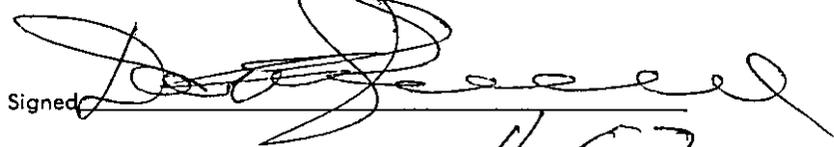
Dr. Ralph V. Gieselman
52 Maryland Plaza
9 A.M. Friday SURE
No Thursday

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. 4520

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.