MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25956

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No. 7140

Township..... Primary Registration District No. ..... Registered No. .....

City..... (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Zimmer

(a) Residence. No. 2640a Ann ave St. 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Henry Zimmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 28 - 1874

7. AGE: Years 54 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Paul Knorr Last name Hoffmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Zibulski
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY): Germany

14. INFORMANT: Henry Zimmer
(Address): 2640a Ann

15. FILED: Jul 8 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 3 29, 1929, to July 6, 1929, that I last saw her alive on July 6, 1929, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetis Mellitus
59
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Gangrene left foot
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Otto T Walser, M. D
, 19 (Address) 1904 Park Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Matthews Cemetery | DATE OF BURIAL: July 8 1929

20. UNDERTAKER: Jos P Murrell Sons | ADDRESS: 1463 Market St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.