WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

27923

1. PLACE OF DEATH

County ..... Registration District No. 75

Township ..... Primary Registration District No. 1[illegible]

City Saint Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 7803

8599

2. FULL NAME Karl Zimmer

(a) Residence, No. 2624 Franklin St., 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-15-1881

7. AGE: YEARS 50 | MONTHS 9 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Effenbouch Germany 10

FATHER

13. NAME: Karl Zimmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Friedens Cemetery DATE: Aug 27 1932

19. UNDERTAKER (ADDRESS): L. B. Tanner 6107 Natural Bridge Rd

20. FILED: AUG 26 1932 Max C. Stadler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1932, to Aug. 24th, 1932

I last saw him alive on Aug. 24, 1932. Death is said to have occurred on the date stated above, at 9.05 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 8-21-32

82A

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur A. Hines, M. D.

(Address) City Hospital

Zimmer

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