

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

Do not use this space.

35001

1. PLACE OF DEATH

County
 Registration District No.
 Township
 Primary Registration District No.
 City St Louis Mo (No. 5933 Lotus Ave)

File No.
 Registered No. 9208
 St. Ward)

2. FULL NAME

Elsie Zimmel

(a) Residence, No. 5933 Lotus Ave St. 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? 2 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 Harry Zimmel (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 49 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Oct 24 1933
 11. Total time (years) spent in this occupation 45 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Velvel Rosenheim

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Nathan Zimmel 5933 Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Shel Smith DATE Oct 25 1933

19. UNDERTAKER (ADDRESS) Oxend andler Funeral Home 4469 Washington Blvd.

20. FILED Oct 25 1933 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Oct 24, 1933
 I last saw her alive on Oct 17, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Apoplexy

Date of onset

Other contributory causes of importance: High Blood Pressure

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

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? No
 If so, specify
 (Signed) John C. Miller, M. D.
 (Address) 614 5th Washington Ave

OCCUPATION FATHER MOTHER

