SEP 10 1937

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

Do not use this space. 28771

791

1. PLACE OF DEATH

County 2 Registration District No. 1003 File No.

Township 1 Primary Registration District No. Registered No. 7404

City ST. LOUIS, MO. (No. 318 N. THIRD ST., St. Ward)

2. FULL NAME EDWARD M. ZIMMERMAN

(a) Residence, No. 4242 HARTFORD St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EMMA MAY ZIMMERMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 16, 1869

7. AGE: 68 YEARS: 68 MONTHS: 0 DAYS: 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LINOTYPE OPERATOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: PRES. ZIMMERMAN-PETTY LINOTYPING CO.
10. Date deceased last worked at this occupation (month and year): ..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BRUNSWICK, MO.,

FATHER

13. NAME: UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER

15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): DOROTHY MAE ZIMMERMAN, 4242 HARTFORD ST.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE OAK GROVE MAUSOLEUM DATE AUG. 6, 1937

19. UNDERTAKER (ADDRESS): PEETZ BROTHERS 3029 LAFAYETTE BLVD.

20. FILED AUG 5 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUGUST 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Coronary Occlusion; Date of onset

Other contributory causes of importance:

Arterio Sclerosis.

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?

If so, specify .....

(Signed) Alfred J. Perry M.D.

(Address) Deputy Coroner

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 50M-22-38 I X9314

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