

REC'D DEC 19 1938

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

39113
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township _____ Primary Registration District No. 4182 Registered No. _____
(c) City Hermann (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. 27 ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

SILVIA RAE ZIMMERMANN
(a) Residence, No. HERMANN MISSOURI St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. (none)
9. Industry or business in which work was done, as 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) HERMANN (STATE OR COUNTRY) Mo

13. NAME George Zimmermann Sr
14. BIRTHPLACE (CITY OR TOWN) Franklin County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Susan Taylor
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT George Zimmermann Sr (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem 11-8 1938

19. FUNERAL DIRECTOR HUGO H. BLUMER (ADDRESS) Hermann, Mo

20. FILED 11-7 1938 Anna K. Rickel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6/38 1938

22. I HEREBY CERTIFY That I attended deceased from 10/5/38 1938, to 10/6/38 1938

I last saw her alive on Sunday Nov. 6, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Gastro-Enteritis

Date of onset

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) Howard Horkman, M. D.

Hermann (Address) Hermann

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.

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer

L. E.

No. 3160 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Hugo H. Blumer

Licensed Embalmer No. 3160

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.)