

C 20 1938

DEC 20 1938

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

44558
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City Jefferson Barracks (d) Street No. Veterans Hospital St.
(e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Oscar A. ZIMMERMAN

(a) Residence, No. 2518 Howard Street, Saint Louis, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Lucinda Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping clerk
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) Fairfield, (STATE OR COUNTRY) Illinois.

FATHER 13. NAME Peter Zimmerman

14. BIRTHPLACE (CITY OR TOWN) Fairfield, (STATE OR COUNTRY) Illinois.

MOTHER 15. MAIDEN NAME Mary R. Foster,

16. BIRTHPLACE (CITY OR TOWN) Jerseyville, (STATE OR COUNTRY) Illinois.

17. INFORMANT (ADDRESS) Medical Clerk, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Dec. 22, 1938

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister (ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED DEC 20 1938 G. R. Meyer, M.D.S.P. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1938, to December 20, 1938

I last saw him alive on December 20, 1938. Death is said to have occurred on the date stated above, at 10:55 AM

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

Nephritis, chronic, with nitrogen retention. Date of onset Unkn.

Other contributory causes of importance: Ulcer, duodenal, chronic, with partial pyloric obstruction. Unkn.

Name of operation see other side Date of 11/7/38
What was confirmed diagnosis? phy. clinical mani. and laboratory NO. 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 see other side

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Barracks, Missouri

Operations: Laparotomy with appendectomy and gastro-enterostomy: 11/8/38.
Enterostomy: 12/2/38.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.