

REC'D FEB 10 1939

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

403
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Luthern Hospital Registered No. 408
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Esther Zimmermann

(a) Residence, No. 1912 Cherokee St. 24 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) St. Louis County
(STATE OR COUNTRY) Missouri13. NAME Oscar Ogle14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)15. MAIDEN NAME Eliza Gamache16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)17. INFORMANT Mrs. Esther Fabick
(ADDRESS) 3457 Illinois Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marys Cem DATE Jan. 14, 193919. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave20. FILED JAN 13 1939 J. D. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 193922. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938 to Jan 12, 1939I last saw her alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 9:35 m.

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

Pericarditis
Chronic Brouchitis
Date of onset Dec 1

Other contributory causes of importance:

Chronic Nephritis
Chronic Bronchitis
Chronic Brouchitis
Jan 1939

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 _____, 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) Walter Kelly, M. D.(Address) after

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 *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^a Grand*

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.