

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

681
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1003 Registered No..... 681
 (c) City St. Louis (d) Street No. Home for the Aged St.
 (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

(a) Residence, No. 3400 S. Grand Bldg. St. 16 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 10 --

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) (STATE OR COUNTRY) Zwitzerland 7

FATHER 13. NAME Dont know 7

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 7

MOTHER 15. MAIDEN NAME Dont know 7

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Alfred Zimmermann
339 Orient Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE SS. Peter & Paul Cem Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Gubben & Sons Co.
2842 Meramec Street

20. FILED JAN 23 1939 J. P. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 2, 1939 to Jan 20, 1939
 I last saw her alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure Date of onset
Arterio - Cardio Sclerosis 1937
Coronary Sclerosis 1938
Valvular

Other contributory causes of importance:
g.H.B.

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?
 If so, specify _____
 (Signed) C. P. Brubaker M. D.
 (Address) Union Club Bldg.

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 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..... *Herman A. Gebken*.....

Licensed Embalmer No. 2120.....

P. O. Address 2842 Meramec Street.....

St. Louis, Mo......

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.)

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