

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 12 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41398  
Registrar's No. 10521

Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St Louis 2  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: 1306 Biddle  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 36 yrs.

3. (a) PRINT FULL NAME Ida Zimmerman  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Zimmerman 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about 59 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Ellie Shloma Ettlinger

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Gracie

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant's own signature Margie Zimmerman

(b) Address 1306 Biddle Ave.

17. (a) Burial (b) Date thereof Dec 10 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Emeth

18. (a) Signature of funeral director Openshaw

(b) Address 4469 Washington

19. (a) DEC 8 1939 (b) \_\_\_\_\_  
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Louis  
(c) City or town 1306 Biddle  
(If outside city or town limits, write "RURAL")  
(d) Street No. St Louis 25  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 3 1/2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/8/39 day \_\_\_\_\_ hour \_\_\_\_\_ minute 15 M.  
year \_\_\_\_\_ to Dec. 8<sup>th</sup>, 1939.

21. I hereby certify that I attended the deceased from Oct 15 1939  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis.  
uremia.

Due to Carcinoma of Breast  
with generalized metastasis

Other conditions: 50  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James O Martin (M. D. or other) \_\_\_\_\_  
Address 607 - n Grand Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

**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.....

*myself*  
.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed *W. Z. Penhander*  
.....

Licensed Embalmer No. *3669*

P. O. Address *4469 Washington*

**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.**