. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20188

State File No.

JUL 17 1940

Registration District No. 781 Primary Registration District No. 1003 Registrar's No. 5136

1. PLACE OF DEATH:

(a) County 2

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4141a Lafayette (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 yrs. years, months or days)

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3. (a) PRINT FULL NAME Margaret Zimmer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anton

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JAN. (Month) 5 (Day) 1880 (Year)

8. AGE: Years 60 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Hungary (City, town, or county) 7 (State or foreign country)

10. Usual occupation Housewife 7

11. Industry or business Home

FATHER
12. Name Adam Laux 7
13. Birthplace (City, town, or county) Hungary (State or foreign country)

MOTHER
14. Maiden name Margaret Geiser
15. Birthplace (City, town, or county) Hungary (State or foreign country)

16. (a) Informant Anton Zimmer

(b) Address 4141 Lafayette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Br. Park

18. (a) Signature of funeral director Witt Bros L & U Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) JUN 12 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4141a Lafayette (If rural, give location)

(e) If foreign born, how long in U. S. A.? Since 1909 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1940 hour 5:25 PM minute M.

21. I hereby certify that I attended the deceased from Febr 3rd 1940 to June 11th 1940 that I last saw her alive on June 11th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Due to

Due to

Other conditions Coma (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Walter D Luhn (M. D. ~~or other~~)

Address 1800 So Broadway Date signed 6/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul Franklin, Registered Apprentice No. _____ working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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

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