

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hosp. (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **2018**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17-1**
(d) Street No. **4057 Cleveland**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Zimmer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male (1)** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Jan. 15 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Waterloo Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Grote**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant - **Mary Zimmer**
(b) Address **4057 Cleveland Ave.**

17. (a) **Burial** (b) Date thereof **6-12-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Waterloo Ill.**

18. (a) Signature of funeral director **M. Schumacher**
(b) Address **3013 Meramec St.**

19. (a) **JUN 11 1941** (b) **J. V. Prebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
year **1941** hour **12 noon** minute _____ M.

21. I hereby certify that I attended the deceased from **July 19 30** 19**41** to **June 9** 19**41**;
that I last saw him alive on **June 9** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary disease + chronic nephritis
Due to **Asthenia splenica + hypertension** 31 yrs
Conjunctive heart failure 5 days

Other conditions (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.

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 work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Edmund Burnett** (M. D. or other) **203**
Address **1504 So. Erwin** Date signed **6-11-41**

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

00
17
9

15048 Grand
1-3

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.....

George Duchambault....., Registered Apprentice No. _____
working under my personal supervision.

Signed George Duchambault.....

Licensed Embalmer No. 3906.....

P. O. Address 3013 Prairie.....

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, fact should be so stated above.