

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23377

FILED AUG 28 1941

State File No. ....

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5729

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:  
4753 Dahlia Ave.  
(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)

3. (a) PRINT FULL NAME Magdalena Zimmer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Late Nicholas Zimmer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 5th 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57	3	5	
----	---	---	--

hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nicholas Bergauer

13. Birthplace Austria Hungary  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Michels

15. Birthplace Austria Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Beetz

(b) Address 6414 Devonshire Ave.

17. (a) Burial (b) Date thereof 7-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. JUL 11 1941 (Date received local registrar)

J. W. Zedek (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")

(d) Street No. 4753 Dahlia Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th  
year 1941 hour 4 minute A.M. M.

21. I hereby certify that I attended the deceased from May 21 to July 10 1941

that I last saw him alive on July 9 and that death occurred on the date and hour stated above.

Immediate cause of death Heart expansion  
Heart stroke

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: 1941  
Of operations \_\_\_\_\_

Of autopsy 1941

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 7-14-41

(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? \_\_\_\_\_

23. Signature Martin J. Geyer (M. D. or Chf.)

Address 506 Olive St. Date signed 7-11-41

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

506 Olive St.  
11-2

**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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

**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.**