

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38004

State File No. _____

Registrar's No. 79

Registration District No. 125

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE 16
(c) City or town FRIEDHEIM
(If outside city or town limits, write "RURAL") 0
(d) Street No. - (If rural, give location) 1
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ZIMMERMANN, FRANK J.

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

4. Sex M. U 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 23, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 12 - hr. - min.

9. Birthplace FRIEDHEIM, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Zimmermann

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Helenetta Tuschoff

15. Birthplace Friedheim, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edmer W. Zimmerman

(b) Address Friedheim Mo

17. (a) Burial (b) Date thereof 11-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gansberg Cemetery

18. (a) Signature of funeral director McComb

(b) Address Jackson, Mo

19. (a) 11-4-41 (b) F.W. Shultz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1941 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from Nov 15th, 1941, to Nov 4th, 1941,
that I last saw him alive on Nov. 3rd, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Due to Cardiac Decompensation 2 weeks

Due to _____
Other conditions (Include pregnancy within 3 months of death) 95c

Major findings: Of operations _____
Of autopsy _____
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 0
23. Signature E. Schult (M. D. _____)
Address Cape Girardeau Date signed 11-4-41

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

MOTHER FATHER

1014

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.....

BA Jones

Licensed Embalmer No.....

30571

P. O. Address.....

Jackson 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, fact should be so stated above.