

State File No. _____

Registrar's No. _____

FILED JAN 24 1942

1003

9671

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1237 Shawmut Place
(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 Missouri (b) County _____
(c) City, or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1237 Shawmut Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Zimmerman Thuman

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, Widowed

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

7. Birth date of deceased November 12, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 — 12 — hr. — min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Zimmerman

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

14. Maiden name Elizabeth Mahley

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

16. (a) Informant Jane Thuman

(b) Address 1237 Shawmut Place

17. (a) Burial (b) Date thereof 12-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director _____

(b) Address 1225 Union Blvd.

19. (a) DEC 6 1941 (b) J. F. Budach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1941 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 1935
19 11 to 1941 19
that I last saw her alive on 12/11/41 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration
acute brain thrombophlebitis
arteriosclerosis

Due to hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy NOTE

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) (c) Means of injury

23. Signature W. W. Handorf, M.D. (M. D. or other) M.D.

Address 601 Missouri Date signed 12-5-41

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

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

Bernard G. Stuart

Licensed Embalmer No.

3500

P. O. Address

1225 Union, Bl

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.