S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26306

FILED AUG 24 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7190

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: Alexian Brothers Hospital 0
(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 St.Louis 96

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 944 Lemay Ferry Rd
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl E.Zimmer Jr.

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 24 (Day) 1945 (Year)

8. AGE: Years 0 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

PATHER
12. Name Carl E.Zimmer
13. Birthplace St.Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Helen Kimberlin
15. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Carl E.Zimmer
(b) Address 944 Lemay Ferry Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Hope Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway

19. (a) (Date received local registrar) AUG 17 1945 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd 3rd degree Burn of Entire body and Suffocation due to a fire at 944 Lemay Ferry Road around 3.30 AM Aug 15 1945

Due to Cause and Manner of Same could not be determined

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Open Verdict

(b) Date of occurrence Aug 15 1945

(c) Where did injury occur? Lemay (City or town) Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury fire

23. Signature Patrick E. Taylor (M. D. or other)

Address Defeor Date signed 8/16/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.