S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10833

FILED APR 1 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 739

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town MANCHESTER, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PINE CREST HOMES 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/17/41 to (Specify whether
In this community 2/19/46
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS CA

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. unknown 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME FLORA ZIMMERMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife EDWARD ZIMMERMAN

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

7. Birth date of deceased APRIL (Month) 8 (Day) 1869 (Year)

8. AGE: Years 76 Months 10 Days 11 If less than one day hr. min.

9. Birthplace MURPHYSBOUROUGH ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name JOSEPH CRAMBAR
13. Birthplace FRANCE 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Homes-Record
(b) Address Manchester, Mo

17. (a) Anatomical Board (b) Date thereof 2-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. Richter Anatomical Board

18. (a) Signature of funeral director 3500 Rutger Dr. D. M. Schoenecker
(b) Address 1402 [illegible] Blvd

19. (a) MAR 28 1946 (b) E. G. McGarran MD
(Date received local registrar) (Registrar's signature) 3500

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 19
year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1946, to Feb 19, 1946
that I last saw her alive on Feb 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis + cerebral hemiplegia

Due to generalized arteriosclerosis

Due to 93 A

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. S. Merklen M.D. (M. D. or other)
Address 3507 Potomac Date signed 3-11-46

(Licensed Embalmer's Statement on Reverse Side)

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

9745

Dr Mueller
3507 Prince

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.....

Licensed Embalmer No.....

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.