

5-43
17-39
X36671

FILED JUN 20 1946

1003

5214

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5020 THEKLA 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community LIFE
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 06-0
 (c) City or town ST. LOUIS 7 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5020 THEKLA 9
 (If rural, give location)
 (e) Citizen of foreign country? = (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME GUSTAVE ANDREW ZIMMERMANN
 3. (b) If veteran, name war =
 3. (c) Social Security No. 490-03-554

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month JUNE day 9 + 14
 year 1946 hour 11 minute 25 P.M.

4. Sex MALE 5. Color or race W.
 6. (a) Single, widowed, married, divorced DORATHEA
 6. (b) Name of husband or wife DORATHEA
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAR. 8 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-1- 193 to 6-9- 1946
 that I last saw him alive on 6-9-46 and that death occurred on the date and hour stated above.

8. **AGE:** Years Months Days If less than one day
70 3 1 hr. _____ min.

Immediate cause of death Chronic myocarditis with pericarditis and mitral regurgitation
 Due to mitral regurgitation
 Due to _____

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation LAST WORKED 4 YRS AGO - CLERK
 11. Industry or business SIMMONS HOW.

Other conditions (Include pregnancy within 3 months of death) 1/31
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER

12. Name HERMAN
 13. Birthplace U.S. BORN 1
 (City, town, or county) (State or foreign country)
 14. Maiden name SECKEL
 15. Birthplace U.S. BORN. 1
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dorathea Zimmermann
 (b) Address 5020 Thekla
 17. (a) Burial (b) Date thereof JUNE 13 46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEW BETHLEHEM
 18. (a) Signature of funeral director Barcelmerie de J...
 (b) Address 1936 St. Louis
 19. (a) JUN 11 1946 (b) J. F. Brodeck
 (Date received local registrar) (Registrar's signature)

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)
 Means of injury _____
 23. Signature Alvin T. Neke (M. D. or other) 0
 Address 5020 THEKLA Date signed 6-10-46

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..... *Walter Paulson*

Licensed Embalmer No. *7114*

P. O. Address. *1936 St. Louis Ave.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 5070

Registration District No. 318

Primary Registration District No. 1003

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:

(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 Hustaul A. Zimmerman

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

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Mar 1946
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) J. F. Brudeck
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year 1946 hour..... minute..... M.

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

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

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

SUPPLEMENTARY

JUN 28 1946

22368