

FILED JUN 25 1947

Registration District No. 376

Primary Registration District No. 3054

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 77 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Elvins, Mo. R.R. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fred D. Zimmer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Henrich Zimmer

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 28 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 5 hr. min.

9. Birthplace Doe Run Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Zimmer

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

14. Maiden name Caroline Keeling

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

16. (a) Informant Freeman Zimmer

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 6/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German Cem. Doe Run, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) 6-16-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 3
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 2
1947 to June 3 1947
that I last saw him alive on June 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 5 days

Due to Antemortem, general & coronary

Other conditions Coronary thrombosis
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 97

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) (e) Means of injury _____

23. Signature F. R. ... (M. D. or other) Wed
Address Farmington, Mo. Date signed 6-16-47

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

RECEIVED

District Health Officer No. 4
District File Number 647-85
Date Filed 6-24-47

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Lawnington 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.