No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22806

FILED JUN 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5878

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

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: Deaconess Hospital
(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 St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 519 Donne Ave. 5
(If rural, give location)
NR.
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Aurelia Amanda Zimmerli
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 Married
6. (b) Name of husband or wife Charles Zimmerli
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October (Month) 23 (Day) 1883 (Year)

8. AGE: Years 64 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Morrison (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Osteopath
11. Industry or business
FATHER
12. Name Leo Konesko
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Emily Bruens
15. Birthplace Hermann (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Dr. Charles Zimmerli
(b) Address 519 Donne Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 1 minute 26 P. M.

21. I hereby certify that I attended the deceased from 6-11-47, 19, to 6-15-47, that I last saw her alive on 6-15-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uremia
Empyema of the Gall Bladder
Due to Stones in common duct.
Due to
Other conditions (Include pregnancy within 3 months of death)
131

Duration

Major findings:
Of operations Empyema of Gall Bladder
Of autopsy Nephritis Chronic
Empyema of Gall Bladder

PHYSICIAN
Underline the cause of 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 0

23. Signature John W. Hotz (M. D. or other)
Address 607 N Grand Date signed 6-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) JOHN W. HOTZ

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.....Elmo R. Caldwell.....

Licensed Embalmer No.....4077.....

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.