

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Pacific Hosp.
(d) Length of stay: In hospital or institution 4 Months
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2602a Oregon Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CLARA ANN ZIMMER
(b) If veteran, name war (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 9, 1883

8. AGE: Years Months Days If less than one day
64 6 5 hr. min.

9. Birthplace St. Louis Missouri
10. Usual occupation Clerk (Retired)

MOTHER FATHER

11. Industry or business Missouri Pacific R.R.
12. Name Charles A. Zimmer
13. Birthplace Berlin Germany
14. Maiden name Augusta Biebrach
15. Birthplace Dresden Germany

16. (a) Informant Mrs. John Boulters
(b) Address 3507a McKean Ave.

17. (a) Burial (b) Date thereof July 17-47
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director J. F. Bredek
(b) Address 3029 Lafayette Ave.

19. (a) JUL 15 1947 (Date received local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14th year 1947 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from March 9 1947 to July 14 1947
that I last saw her alive on July 14 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus and Peritonitis
Due to Peritonitis following Penicillin abscess
Due to Penicillin abscess

Other conditions CAUSE OF ABSCESS NOT KNOWN
(Include pregnancy within 3 months of death)

Major findings: Of operations Penicillin abscess
Of autopsy Peritonitis following Penicillin abscess

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

23. Signature John Ellis (M. D. or other) MD
Address St. Louis Hospital Date signed July 17, 1947

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

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

David Van Fossan

Licensed Embalmer No.

4242

P. O. Address

3029 Lafayette 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.