

No. 2
-12-45
5-17-39
I X47070

FILED SEP 3 1947
Registration District No. 376

Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital # 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 1 mos. 1 day.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Norman F. Zimmerman

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 Gertrude Lindeman

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 10 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>11</u>	<u>8</u>	hr. min.

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

10. Usual occupation Auto salesman

11. Industry or business incapacitated

12. Name Henry Zimmerman

13. Birthplace ? Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Rose Early

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

16. (a) Informant Mrs. Norman F. Zimmerman

(b) Address 6649 Berthold Avenue, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/20/47
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery, St. Louis

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road, St. Louis 17, Mo.

19. (a) 8-29-47 (Date received local registrar's certificate)
(b) Ether Rudloff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 74

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6649 Berthold Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1947 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1, 1946, 19 to August 18, 1947, 19 ;
that I last saw him alive on August 18, 1947, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration 1 hr.

Due to Meningo Vascular syphilis (General Paresis) 6 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No autopsy.

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) Mode 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 John C. Brennan M.D. (Physician)
Address State Hosp #2 Farmington Date signed 8/19/47

RECORDED

District Health Officer No. 4
District File Number 942-1126
Date Filed 9-2-47

MAR 26 1951

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St Louis, 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.