

**FILED DEC 23 1948**

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: **Home of the Friendless**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Yrs.**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4431 So. Broadway**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **DINA ZIMMER**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **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 **August 12 1861**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **4** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

12. Name **August Zimmer**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unkn**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Home of the Friendless**  
(b) Address **4431 So. Broadway.**

17. (a) **Burial** (b) Date thereof **Dec. 16 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**  
**C. Hoffmeister Colonial Mortuary**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **6464 Chippewa St.**

19. (a) **DEC 14 1948** (b) **J. B. Lester**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**  
year **1948** hour **1** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Oct 4 1948** to **Dec 14 1948**  
that I last saw him alive on **Dec 13 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Atherosclerosis 4 yrs**  
**Secondary anemia 2 yrs**

Due to **Chronic colitis 1 yr**

Due to \_\_\_\_\_  
Other conditions **Ununited fracture of femur 3 yrs ago**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**  
Of autopsy **no**

Duration

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) **no**  
(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 **Charles Harmon** (M. D. or other) **MD**  
Address **3720 Washington** Date signed **12/14/48**

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

Dr. Chas. Hyndman  
3720 Washington Ave.

1914

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**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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7514 1/2 Broadway*.....

**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.**