

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15200

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1054

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY COLE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Missouri | |
| c. LENGTH OF STAY (in this place) 2 1/2 yrs. | | d. STREET ADDRESS (If rural, give location) 0264 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John | b. (Middle) | c. (Last) Zimmerman | 4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951. |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH June 30, 1858 | 9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Ohio | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Lawrence Zimmerman | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Pine Crest Nursing Home, Ballwin, Mo | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Mar 4, 1949, to April 20, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE R. Dr. Jansen M.D. | 23b. ADDRESS Manchester Mo | 23c. DATE SIGNED 4/20/51 |
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|--|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) General | 24b. DATE 4-31-51 | 24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo |
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| DATE REC'D BY LOCAL REG. 4/21/51 | REGISTRAR'S SIGNATURE Herbert R. Somber M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. | ADDRESS 4104 Manchester Ave. St. Louis 18, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Howard R. Rowland

Signed.....

Student Embalmer

Licensed Embalmer No. *3114*

P. O. Address *St Louis 10 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.