

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31987**  
Registrar's No. **8488**

FILED OCT 10 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		<b>2599</b> <b>2</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8014 NO. BROADWAY</b>			d. STREET ADDRESS (If rural, give location) <b>402 DE SOTO AVE</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>FRANK</b>	b. (Middle) <b>JOSEPH</b>	c. (Last) <b>ZIMMER SR.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT, 22, 1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SEPERATED</b>		8. DATE OF BIRTH <b>DEC, 12, 1878</b>	9. AGE (In years) (last birthday) <b>72</b> # UNDER 1 YEAR # UNDER 1 MONTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED POLICEMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO.</b>	
13a. FATHER'S NAME <b>FRANK JOSEPH ZIMMER</b>			13b. MOTHER'S MAIDEN NAME <b>MARY MEIER</b>		14. NAME OF HUSBAND OR WIFE <b>EMMA A. ZIMMER</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ALICE E. ZIMMER</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> <b>saroid shunt</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>  <b>2 years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>420.1</b>	
22. I hereby certify that I attended the deceased from <b>7-3</b> , 19 <b>50</b> , to <b>9-22</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-20</b> , 19 <b>51</b> , and that death occurred at <b>1:30 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>E. E. EARLEY</b>			23b. ADDRESS <b>26623 Kellin Houston</b>		23c. DATE SIGNED <b>9-25-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9/26/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS-COUNTY MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b>			
DATE REC'D BY LOCAL REG. <b>SEP 25 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		ADDRESS <b>4600 NATURAL BRIDGE AVE</b>	

n. 23 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Albert Mayfield*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3077*

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.