

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10802

FILED APR 12 1952

318

State File No.

1003

Registrar's No. 2752

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>24 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		OR TOWN <u>2169</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4339a Connecticut</u>			d. STREET ADDRESS (If rural, give location) <u>4339a Connecticut</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Zimmerman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1952</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>March 1, 1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cement Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cementing</u>	11. BIRTHPLACE (State or foreign country) <u>Vida, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Phillip Ambrose Zimmerman</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Bonebrake</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Zimmerman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>493-03-9871</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Zimmerman</u>		ADDRESS <u>4339a Connecticut</u>	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chorioepithelioma of Testicle with metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				
19a. DATE OF OPERATION <u>Jan 11/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chorioepithelioma of Left Testicle</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____	
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? <u>178-X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 1951</u> , to <u>Mar 23, 1952</u> , that I last saw the deceased alive on <u>Mar 22, 1952</u> , and that death occurred at <u>1:25A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur P. Dalton</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>4500 Olivest, St Louis Mo</u>		23c. DATE SIGNED <u>3/24/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) <u>Rolla Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 24 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D. R.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F. H. Inc., 1936 St. Louis Ave</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

LISTER DIAG.
Mon-4-6
PO 1604

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 Gustav W. Dietz

Signed.....
Student Embalmer

Licensed Embalmer No. 4329

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.