No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12577

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2408

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 9-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creve Coeur 4400
d. STREET ADDRESS (If rural, give location): 10131 Olive Street Road

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Mathilda
c. (Last): Zimmermann

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 15, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: various homes
11. BIRTHPLACE (State or foreign country): Creve Coeur, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Herman Zimmermann
13b. MOTHER'S MAIDEN NAME: Caroline Deuser
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 498-34-6857
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Bertha Zimmermann Creve Coeur, Mo. R#2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular thrombosis with hemiplegia-2wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Art sclerotic cerebral carotid [illegible] — 2 yrs.
DUE TO (c): [illegible]

11. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — 14 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 332x

22. *I hereby certify that I attended the deceased from* 9-6-49, 19__, *to* 3-2-53, 19__, *that I last saw the deceased alive on* 3-1-, 1953, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wayne O. Sorke MD
23b. ADDRESS: 2739 No Grand
23c. DATE SIGNED: 3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-4-1953
24c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Olivette, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: MAR 3 1953 — J. Carl Smith MD MBS
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Baumann Bros. Und. Co. 2504-Woodson Rd-Overland-14-Mo.

(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 3454

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 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.