

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17567

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500 Registrar's No. 1219

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY		c. CITY OR TOWN CREVE COEUR	
c. LENGTH OF STAY (In this place) 2 WEEKS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC Hosp		e. STREET ADDRESS (If rural, give location) LINDBERGH BLVD	

3. NAME OF DECEASED (Type or Print) a. (First) MAX b. (Middle) ZIMMERMANN c. (Last) ZIMMERMANN			4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 13, 1878	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) GERMANY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME HERMAN ZIMMERMANN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE AMALIA ZIMMERMANN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS AMALIA ZIMMERMANN CREVE COEUR, MO.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Hypostatic Congestion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 15, 1952** to **May 23, 1954**, that I last saw the deceased alive on **May 23, 1954**, and that death occurred at **2:55 P, m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William Seibert, D.D.	23b. ADDRESS 2 Olive St. Road, Creve Coeur, Mo.	23c. DATE SIGNED 5/23/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-26-1954	24c. NAME OF CEMETERY OR CREMATORY Lincoln Park
24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.		

DATE REC'D BY LOCAL REG. 5/25/54	REGISTRAR'S SIGNATURE Herbert K. Amberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Baumann Bros. Co., 2504 Woodson Rd - Overland, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *34*.....

P. O. Address *Quincy*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.