

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

21511

4414

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis'</b>				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. CITY OR TOWN <b>Kirkwood</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>3 wks</b>				e. STREET ADDRESS (If rural, give location) <b>800 E. Monroe</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Depaul Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ann</b>			b. (Middle) <b>Zimmer</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>December 3, 1890</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>11</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nun (teacher)</b>			10. HUSBAND'S BUSINESS OR INDUSTRY <b>Ursuline Order</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>James Zimmer</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ann Fuchssteiner</b>		14. NAME OF HUSBAND OR WIFE <b>Kirkwood, Mo.</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>Ursuline Convent Records</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia of both lungs</b> ANTECEDENT CAUSES <b>Acute pleurisy left lung.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral hemorrhage. Hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) <b>490X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5/15/54</b> to <b>5/17/54</b> , 19____, that I last saw the deceased alive on <b>5/15</b> , 19____ and that death occurred at <b>7:40</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul H. Jennings</b>				23b. ADDRESS <b>8330</b>		23c. DATE SIGNED <b>5/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/19/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood 22, Mo</b>		
DATE REC'D BY LOCAL REG. <b>MAY 17 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meyer-Pfitzinger Kirkwood, Mo</b>			

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 *William H. Putnam*.....

Licensed Embalmer No. *431*.....

P. O. Address *Kulms...*.....

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.