

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24621
6344

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. | |
| b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis | | b. COUNTY | |
| c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 4402 Pholozan Ave | | 21570 | |

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|--|------------|----------------|--------------------|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) George | a. (First) | b. (Middle) J. | c. (Last) Zimmerle | 4. DATE OF DEATH July 21 1955 |
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| 5. SEX M | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated | 8. DATE OF BIRTH Oct. 9, 1905 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR 3 months | IF UNDER 18 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Edward Zimmerle | 13b. MOTHER'S MAIDEN NAME Bertha Scherk | 14. NAME OF HUSBAND OR WIFE Unknown |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None | 16. SOCIAL SECURITY NO. 492-24-7095 | 17. INFORMANT'S SIGNATURE OR NAME Edward W. Zimmerle | ADDRESS 4402 Pholozan Ave |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| ANCECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancering Liver | DUE TO (c) Malnutrition | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 7-14-55, 19, to 7-21-55, 19, that I last saw the deceased alive on 7-21-55, 19, and that death occurred at 5:45A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) W. H. Blacklock, M.D. | 23b. ADDRESS 1515 Lafayette | 23c. DATE SIGNED 7-21-55 |
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|---|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-23-55 | 24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. JUL 22 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961
JAN 2

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 *Richard V. Lovess*.....

Licensed Embalmer No. 400.....

P. O. Address.....

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.