No. 300
10.48

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28607

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 1851

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 W. Ripa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay 48 70
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 402 W. Ripa ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): J.
c. (Last): Zimmerman

4. DATE OF DEATH (Month) (Day) (Year): August 6, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 2, 1880
9. AGE (In years last birthday): 74 — 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): Maintenace Man Retired
10b. KIND OF BUSINESS OR INDUSTRY: ~~BUILDING~~
11. BIRTHPLACE (City and State or Foreign Country): Waterloo, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Zimmerman
13b. MOTHER'S MAIDEN NAME: Caroline Fauss
14. NAME OF HUSBAND OR WIFE: Ida Zimmerman

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.: 492-03-4606
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Burkard
ADDRESS: 402 W. Ripa ave.

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart failure — 3 weeks
DUE TO (c) Arterio Sclerotic Heart Disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): none m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* 8-6, 1955, *that I last saw the deceased alive on* 8-2, 1955, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A J Steiner
(Degree or title): MDD
23b. ADDRESS: 63 & N Grand Ave
23c. DATE SIGNED: 8/6/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 9, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Mausoleum
24d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Road Lemay, Mo.

DATE REC'D BY LOCAL REG.: 8/8/55
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Hoffmeister U.&L.Co. 7814 S. Broadway

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis C. Hoffman

Licensed Embalmer No. 387

P. O. Address 7814 S. Bro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.