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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11871

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 868

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park
c. LENGTH OF STAY (in this place): 39 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 628 Vest Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Valley Park, Mo 4761
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 628 Vest Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): Mar. 27, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 17, 1878
9. AGE (In years last birthday): 77 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): R. R. Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY: Frisco Railroad
11. BIRTHPLACE (City and State or Foreign Country): Irvington, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Julius G. Zimmerman
13b. MOTHER'S MAIDEN NAME: Mary Bauer
14. NAME OF HUSBAND OR WIFE: Alma Faulkner
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.: 702-03-9627
17. INFORMANT'S SIGNATURE OR NAME: Alma Zimmermann ADDRESS: Valley Park, 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, 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: 2-3 hrs

ANTECEDENT CAUSES

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. Moderately Advanced Pulmonary Tuberculosis — 3 1/2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201A
20. AUTOPSY? YES [ ] NO [X]

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)
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* Dec, 1955, *to* March 27, 1956, *that I last saw the deceased alive on* 12-9, 1955, *and that death occurred at* 5:45PM, *from the causes and on the date stated above.*

23a. SIGNATURE: John C. Murphy M.D. (Degree or title)
23b. ADDRESS: 3720 Washington Blvd
23c. DATE SIGNED: 3-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/56
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

DATE REC'D BY LOCAL REG.: 3/30/56
REGISTRAR'S SIGNATURE: Wesley R. Hamke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Schrader Funeral Home ADDRESS: Ballwin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Richard Bopp

Licensed Embalmer No..49

P. O. Address Ballwin

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