FILED MAY 25 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18947

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4687

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

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4316 So. Compton Ave., 15

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle):
c. (Last): Zimmermann,

**4. DATE OF DEATH** (Month) (Day) (Year): May 11, 1956

**5. SEX**: Male.
**6. COLOR OR RACE**: White,
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed.
**8. DATE OF BIRTH**: January 12, 1881
**9. AGE** (In years last birthday): 75 — 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): Paper Cutter
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired 10 Years,
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri,
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Zimmermann
**13b. MOTHER'S MAIDEN NAME**: Catherine Thomas
**14. NAME OF HUSBAND OR WIFE**: Ottilia Zimmermann, deceased.

**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.**: 488-03-9228
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Vincent W. Zimmermann, 4430 Minnesota 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): Arterio-Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 420.0
**20. AUTOPSY?** YES ☐ NO ☒

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 1, 1955, *to* May 11, 1956, *that I last saw the deceased alive on* May 3, 1956, *and that death occurred at* 10:15P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): B. J. McGinnis M.D.
**23b. ADDRESS**: 16 Hampton Village Plaza
**23c. DATE SIGNED**: May 14, 56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial.
**24b. DATE**: 5/15/56
**24c. NAME OF CEMETERY OR CREMATORY**: SS. Peter & Paul Cemetery,
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: MAY 14 1956
**REGISTRAR'S SIGNATURE**: J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Gebken-Benz Mortuary. 2842 Meramec St., St. Louis, 18, Mo.

MJB

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joe S. Benz.....

Licensed Embalmer No...4249...

P. O. Address...2842 Meramec St., Louis, 1

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.