

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

State File No. **3207**
Registrar's No. **350**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Kirkwood 22	
c. LENGTH OF STAY (in this place) 2 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hosp.		e. STREET ADDRESS (If rural, give location) 27 418 E. Clinton	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Robert c. (Last) Zimmer		4. DATE OF DEATH (Month) (Day) (Year) 1-12-57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 6-4-44
9. AGE (In years last birthday) 12 7 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Norman Zimmer		13b. MOTHER'S MAIDEN NAME Mae Berwanger	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ephusbin 500 S. Kingshighway
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 24 hrs *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cyanotic Congenital Heart Disease 12 yrs Nephritis - 2 wks DUE TO (c) Hemoglobin 12 yrs 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 754.4	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1-11, 1957 , to 1-12, 1957 , that I last saw the deceased alive on 1-12, 1957 , and that death occurred at 8:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Barbara Jones, M.D.		23b. ADDRESS 500 S. Kingshighway	
23c. DATE SIGNED 1-12-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-15-57	
24c. NAME OF CEMETERY OR CREMATORY Clm Lawn		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
DATE REC'D BY LOCAL REG. JAN 14 '57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FEDERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc		ADDRESS Ashe	

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Myland Jr*.....

Licensed Embalmer No. *4512*.....

P. O. Address *Keokuk, Ia*.....

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.