

Health,
& Welfare
Public
Service

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34357
STATE FILE NUMBER
8254

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8254

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in lb	d. STREET ADDRESS 1215 Highland Ter.
3. NAME OF DECEASED (Type or print)		First ERNEST	Middle R.
		Last ZIMMER	4. DATE OF DEATH Sept. 1st 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 73
13a. FATHER'S NAME Ernst Zimmer		13b. MOTHER'S MAIDEN NAME Bertha Doerschlen	11. BIRTHPLACE (City and state or country) St. Louis County, Mo.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	12. CITIZEN OF WHAT COUNTRY? U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction & Flutter		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (b) Arteriosclerotic heart disease		27 hrs.	
DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Transurethral resection. Hemorrhage. Shock.		19. WAS AUTOPSY? PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-25-57 to 9-1-57 and last saw ^{her} him alive on 8-31-57 Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. B. Gumme, M.D.		22b. ADDRESS 7349 Dale	
		22c. DATE SIGNED 9-3-57	
23a. BURIAL, CREMATION, REMOVAL		23b. DATE Sept. 4 1957	
		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	
		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR A. H. Bocklage		25. DATE RECD. BY LOCAL REG. SEP 4 57	
ADDRESS 6536 Clayton Rd.		26. REGISTRAR'S SIGNATURE Paul Smith MO	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Robert M. Murray*

Licensed Embalmer No. *37491*

P. O. Address *St. Louis Mo*

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.