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FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012594
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 764

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital — Length of Stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City 4376 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 519 Donne Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lois Middle E Last Zimmerli

4. DATE OF DEATH Month Mar Day 14 Year 1958

5. SEX Female **6. COLOR OR RACE** White **7.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH April 30, 1894 **9. AGE** (In years last birthday) 83 — 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) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** At home **11. BIRTHPLACE** (City and state or country) ? Missouri 0 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME William Kirk **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Charles Zimmerli

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.** None **17. INFORMANT** Charles Zimmerli Address 519 Donne Av

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) 481X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3-1-58, to 3-14-58 and last saw her/him alive on 3-14-58
Death occurred at 5.20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) D.O. **22b. ADDRESS** 519 Donne Ave **22c. DATE SIGNED** March 15, 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 3-15-58 **23c. NAME OF CEMETERY OR CREMATORY** Local **23d. LOCATION** (City, town, or county) (State) Portageville Mo

24. FUNERAL DIRECTOR Albert H. Hoppe **ADDRESS** 4700 Washington **25. DATE RECD. BY LOCAL REG.** 3-15-58 **26. REGISTRAR'S SIGNATURE** Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1958

APR 25 1958

APR 24 1958

APR 17 1958

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 Guy W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.