

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038249

FILED VS NOV 6 1959

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

2 9673

UNDECEASED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo.</i>	Length of stay in 1b	c. CITY OR TOWN <i>ST. LOUIS</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>2708^a WYOMING</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2708^a WYOMING</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>FRANK</i> Middle <i>B. ZIMMERMAN</i> Last			4. DATE OF DEATH Month <i>OCT.</i> Day <i>20</i> Year <i>1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>NOV. 7 1881</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED DAY LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>FAIRFIELD ILLINOIS</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	

13a. FATHER'S NAME <i>PETER ZIMMERMAN</i>	13b. MOTHER'S MAIDEN NAME <i>MARY R. FOSTER</i>	14. NAME OF HUSBAND OR WIFE <i>ALICE ZIMMERMAN</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>327-12-2078^a</i>	17. INFORMANT Address <i>MRS. NORMAN AKERS SAGINAW MICHIGAN</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Arteriosclerotic Heart Disease*
Generalized Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 <i>1</i> a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Thomas Lutes</i> (Degree or title)	22b. ADDRESS <i>1200 Clark</i>	22c. DATE SIGNED <i>10/22/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>OCT. 22 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST. MARCUS</i>
23d. LOCATION (City, town, or county) <i>ST. LOUIS Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 22 1959</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith: M.D.</i>

3.03

DOCUMENT

MEDICAL CERTIFICATION

BY APPROVIT OF

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 _____

Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

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.