RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 6 1960

-60-017513

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4438

IDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3912 Dover Pl. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOSEPH Middle H. Last ZIMLICH

4. DATE OF DEATH Month Apr. Day 23 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-15-1898

9. AGE (last birthday) 61 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Erection Machinist-Worked Thru Machinist Union

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Zimlich

13b. MOTHER'S MAIDEN NAME Frances Bersick

14. NAME OF HUSBAND OR WIFE Elsa Zimlich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 488-09-5512

17. INFORMANT Elsa Zimlich Address 3912 Dover Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Cardio-vascular cerebral accident

DUE TO (b) Cerebral hemorrhage & generalized arteriosclerosis

DUE TO (c) Bronchogenic Ca - left upper lobe.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

P. K. Paul J. Swan Deputy Coroner 4/27/60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 162.1

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

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 1 A.M. 4-23-60, to 4-23-60 and last saw her/him alive on 4-23-60

Death occurred at 3:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. F. Blag. M.D.

22b. ADDRESS 3150 Morganford

22c. DATE SIGNED 4/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE April 27, 1960

23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG. APR 25 1960

26. REGISTRAR'S SIGNATURE Karl Smith M.D. M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William B. White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 Dr King

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.