

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**61-047907**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3722

AMENDED

**FILED JAN 10 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	a. STATE <b>Missouri</b> b. COUNTY		admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>	Length of stay in 1b <b>13 days</b>	c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hosp.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4429 Bessie</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<b>MINNIE (WILHELMINA) M. ZIMMERMANN</b>			<b>December</b>	<b>25</b>
Year	<b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/7/1879</b>	9. AGE (last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Henry Wolfrum</b>		13b. MOTHER'S MAIDEN NAME <b>Melinda Runge</b>		14. NAME OF HUSBAND OR WIFE <b>William M. Zimmermann</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>William Zimmermann 4429 Bessie</b>

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) <b>Cardiac Overload</b>		
DUE TO (b) <b>Eggs Pulmonary Embolism</b>		
DUE TO (c) <b>Pneumonia (Bacterial)</b>		<b>4 days</b>
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.
<b>Acute Myocardial Infarction, Tubo Ovarian cyst</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 _____ a.m. _____ p.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 <u>12/12/61</u> to <u>12/27/61</u> and last saw her alive on <u>12/25/61</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Robert Gardner</b>	22b. ADDRESS <b>2520 Malvern Drive</b>	22c. DATE SIGNED <b>12/27/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Dec. 28, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem, Cemetery</b>
24. FUNERAL DIRECTOR <b>Beiderwieden F.H. Inc. 1936 St. Louis Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>12-27-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>		

STATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1st Fl...  
2-7 P.M. Sweeney Street  
Ev 5-0771.

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Homer H. Jritz

Licensed Embalmer No. 3882

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.