

SEP 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27523  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003 Registered No. 7537  
(c) City St. Louis Mo. (d) Street No. 3617 Mo. Ave St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John F. Grinnon (b) City St. Louis (c) State Mo.  
(Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary S. Grinnon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Christ Grinnon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Hubman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Michael Grinnon  
3619 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Matteson Mo DATE Aug 25

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dondra 2416  
7420 Mack Ave

20. FILED AUG 24 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from March 13 1938 to Aug 22 1938  
I last saw him alive on Aug 22 1938. Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Myocarditis

Other contributory causes of importance:  
Myocarditis  
Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
(Signed) G. E. Hoeller M. D.  
(Address) 3537 S. Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

30000000

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *Leroy J. Schumacher*

Licensed Embalmer No.....

P. O. Address *744 Young Pkwy*

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 this body is not embalmed, above space should be left blank.