

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 10084546
Do not use this space.

1239

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 or St. Louis, Mo. (c) Street No. City Hospital 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 MARY GRIMM

(a) Residence, No. 3824 Folsom Ave St. 17
 (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 Female	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 George Grimm		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1864		
7. AGE 74	YEARS 1	MONTHS 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
13. NAME Jacques Royer		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France		
15. MAIDEN NAME Madeline Ditzenberg		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France		
17. INFORMANT Eugene Grimm 3824 Folsom Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sorento, Ill. DATE 1/30/39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kraeger-Voss-Fix 3402 No. Kings Highway		
20. FILED J. D. ... Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1939

22. I HEREBY CERTIFY That I attended deceased from 1-9 1939 to 1-28 1939. I last saw her alive on 1-28 1939. Death is said to have occurred on the date stated above, at 11:20 a.m. The principal cause of death and related causes of importance were as follows:
 cerebral thrombosis
 malignant tumor of skull

Other contributory causes of importance:
 skull

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signed) Edward Wess, M. D.
 (Address) City Hospital

FEB 6 1939

(Licensed Embalmer's Statement on Reverse Side)

K. 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.

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Em. Blank signed
CF

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.....

Licensed Embalmer No.....

P. O. Address.....

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.