DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27582

Registration District No. 791 Primary Registration District No. Registrar's No. 7082

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Monroe

(c) City or town PARIS (If outside city or town limits, write "RURAL") NR

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GRIMES, STELLA 652

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife ELLIOTT GRIMES

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan (Month) 3 (Day) 1870 (Year)

8. AGE: Years 69 Months 7 Days 12 If less than one day hr. min.

9. Birthplace PARIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name SAMUEL S. BASSETT
13. Birthplace PIKE CO - VIRGINIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FRANCES GIDDINGS
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Grace I. Ragland

(b) Address PARIS MO.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 17, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Paris, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) AUG 15 1939 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15 year 39 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from 8 - 1, 1939, to 8 - 15, 1939; that I last saw her alive on 8 - 15, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast	1931
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address BARNES HOSPITAL Date signed 8-15-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 8-17-39 1 X19311

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 Albert E. Hopp

Licensed Embalmer No. 2971

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.