

FEB 14 1941

Primary Registration District No. 200

1. PLACE OF DEATH: **St. Louis**

(a) County _____

(b) City or town **LeMay**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Green Park Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **One Year**
(Specify whether years, months or days)

In this community **Life**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Magdalene Grimm**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Phillip Grimm**

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

7. Birth date of deceased **Oct. 24** (Month) **1862** (Day) (Year)

8. AGE: **78** Years Months **2** Days **25**

If less than one day hr. _____ min. _____

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

10. Usual occupation **House worker**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Adam Hein**

13. Birthplace **Germany** (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (State or foreign country)

16. (a) Informant **Henry G. Grimm**

(b) Address **Mattese Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-22-40** (Month) (Day) (Year)

(c) Place: burial or cremation **Mattese Mo**

18. (a) Signature of funeral director **Fendler Undl Co**

(b) Address **7420 Michigan**

19. (a) **JAN 21 1941** (Date received local registrar)

(b) **D. R. Meyer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

(c) City or town **LeMay**
(If outside city or town limits, write "RURAL")

(d) Street No. **Mattese Mo S**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19** year **1941** hour **1:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Oct 30 1937** to **Jan 19 1941**; that I last saw her alive on **Jan 16 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to _____

Due to **1625**

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Waldo Whill** (M. D. or other) _____

Address **LeMay B 8 Mo** Date signed **1/20/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*L. Will
Mehlman -*

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

Oliver E. Perrella

Licensed Embalmer No.

4148

P. O. Address

744 G. May -

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 764

Primary Registration District No. 202

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Green Park Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Magdalene Grimmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Waldo H. Hill (M. D. or other) _____

Address Lemay RT 8 Mo Date signed _____

SUPPLEMENTAL

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

