

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
REGISTRATION DISTRICT NO. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40230

State File No. _____
Registrar's No. 9964

Registration District No. 791 | Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Christian Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 1 week

3. (a) PRINT FULL NAME Louis Grimm
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 20, 1869

8. AGE: Years 72 Months 1 Days 24
If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri

10. Usual occupation Retired Gardner

11. Industry or business _____

12. Name Claus Grimm
13. Birthplace Germany
14. Maiden name Katherine Fischer
15. Birthplace Germany

16. (a) Informant Henry P. Grimm

(b) Address 222 St. Louis Ave Ferguson, Mo

17. (a) Burial (b) Date thereof 12/17/41

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave
19. (a) DEC 16 1941 (b) J. F. Bueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 8357 N. Broadway
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1941 hour 12:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1937
1937 to Dec 14 1941

that I last saw him alive on Dec 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea of the heart
Duration 5 yrs

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 J. P. Inman (M. D. or other) _____

Address 8029 - N. Broadway Date signed 12/15/41

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

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... *Leonard Hampton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, Mo.*

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.