

4596
S. No. 2
M-9-4-41
v. 5-17-39

8423

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2393

FILED APR 8 1947 91

Registration District No.

Primary Registration District No. 1003

Registrar's No.

20
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo. 6 Days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County..... 12.000
17

(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5671 MAPLE
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Archibald Joseph Grimmons

3. (b) If veteran, name was NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

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

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

7. Birth date of deceased..... 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

ABOUT - 84 - - - hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {

12. Name..... UNKNOWN

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

14. Maiden name..... UNKNOWN

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

16. (a) Informant Joseph Dreyer

(b) Address 2371 Maple St

17. (a) BURIAL (b) Date thereof 3-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bula Kelly

(b) Address 1416 N. Jefferson

19. (a) MAR 16 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13,
year 1942 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from February
7, 19 42, to March 13, 19 42
that I last saw him alive on March 13, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio-sclerosis with gangrene of right leg

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 97

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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)

Means of injury.....

23. Signature Joseph Dreyer (M. D. or other) 3/11/42
Address 6515 Lafayette Avenue Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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.

Myself

Signed *Henn E. Anderson*
Licensed Embalmer No. *4141*
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.