

S. No. 2
M-2-43
5-17-39
FILED SEP 21 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29972**
Registrar's No. **8200**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Parents' 2725 Dodier Street
(If rural, give location)

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

3. (a) PRINT FULL NAME William L. Grimm

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13th
year 1943 hour 10 minute 30 A. M.

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 September 11th 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 11 to Sept 13 1943 that I last saw him alive on Sept 13 and that death occurred on the date and hour stated above.

8. AGE: 2 Years Months Days If less than one day
0 0 2 hr. min.

Immediate cause of death:
Asphyxiation
Pulmonary edema

Due to _____

Due to _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 100

10. Usual occupation infant

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Le Moyne Grimm

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

14. Maiden name Ruth E. Matlook

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

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? _____

16. (a) Informant Le Moyne Grimm

(b) Address 2725 Dodier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. James Missouri

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

23. Signature Chas. J. ... (M. D. or other) MD
Address 3500 N. Grand Date signed 9/18/43

18. (a) Signature of funeral director Alvin ...

(b) Address 4828 Nat. ...

19. (a) SEP 14 1943 (b) J. ...
(Date received from registrar) (Registrar's signature)

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 John A. Merwin

Licensed Embalmer No. 4186

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.

See Murray 3633 Jan