

FILED DEC 13 1943

Primary Registration District No. **1003**

Registrar's No. **10679**

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

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 16 days  
(Specify whether 0 (Specify whether years, months or days))

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

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** February 29, 1904  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
39 9 4 hr. \_\_\_\_\_ min.

**9. Birthplace** Unknown Mo. 19  
(City, town, or county) (State or foreign country)

**10. Usual occupation** At home

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** Robert T. Creel  
**13. Birthplace** Unknown Mo. 11  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Myrtle ?  
**15. Birthplace** Unknown Mo. 11  
(City, town, or county) (State or foreign country)

**16. (a) Informant** John I. Grimm

**(b) Address** 5116 Thekla Ave

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 12/6/43  
(City or town) (County) (State) (Month) (Day) (Year)

**(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 6 1943** J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2: USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5116 Thekla Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. 0

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 3rd  
 year 1943 hour 12 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** Dec 2 1943  
Dec 3 1943  
 that I last saw her alive on Dec 2 1943  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral hemorrhage **Duration** 16 days

**Due to** Hypertension **last** 47

**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)** \_\_\_\_\_ **(g) Means of injury** \_\_\_\_\_

**23. Signature** Whitman Hill (M. D. or D.O.)

**Address** 1625 2nd Ave **Date signed** 12/6/43

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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..... *Francis A Williams*

Licensed Embalmer No. *3565*

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.**