

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

#30194  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39375**  
Registrar's No. **10758**

**FILED DEC 27 1944**  
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.....  
(b) City or town..... **St. Louis, Missouri**  
(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..... **3 days**  
(Specify whether  
In this community..... **0**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Mo** (b) County..... **Wash**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2617 No 11 St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **John Grimes**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **17th**  
year..... **1944** hour..... **3:00** minute..... **4** M.  
21. I hereby certify that I attended the deceased from **12/14/44**  
..... 19..... to **Dec. 17th** 19 **44**  
that I last saw him alive on..... **Dec. 17th** 19 **44**  
and that death occurred on the date and hour stated above.

4. Sex..... **Male** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **widowed**  
6. (b) Name of husband or wife..... **ANNIE**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **Nov 6 1868**  
(Month) (Day) (Year)

Immediate cause of death..... **Cerebral embolism**  
Due to..... **Myocardial infarction**

8. AGE: Years Months Days If less than one day  
**76 1 11** hr. min.

Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....

9. Birthplace..... **Mo**  
(City, town, or county) (State or foreign country)  
10. Usual occupation..... **Plumber**  
11. Industry or business..... **Retired**  
12. Name..... **William Grimes**  
13. Birthplace..... **Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Mrs. Kate Vickery**  
15. Birthplace..... **Mo**  
(City, town, or county) (State or foreign country)

Of autopsy..... **same**  
PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

16. (a) Informant..... **Mrs. Myrtle Masterson**  
(b) Address..... **5408 Fletcher**  
17. (a) **BURIAL** (b) Date thereof..... **Dec 19 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Friedens Cem**  
18. (a) Signature of funeral director..... **DR. CHAMBER HALL**  
(b) Address..... **1905 UNION BLVD**  
19. **DEC 18 1944** (b) **J. J. Bredeh**  
(Date received local registrar) (Registrar's signature)

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. J. Bredeh** (M. D. or member)  
Address..... **1515 Lafayette** **12/18/44**

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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 Albert R Thompson Jr

Licensed Embalmer No. 4237

P. O. Address.....

**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.**