

FILED AUG 20 1946

Registration District No. **577**

Primary Registration District No. **6076**

Registrar's No. **1710**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **KOCH, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **ROBERT KOCH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **300 DAYS**
(Specify whether years, months or days)
In this community **300 DAYS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3338** **LUCAS**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **11**
year **46** hour **11** minute **20** M.

21. I hereby certify that I attended the deceased from **10**
16, 19**46** to **8-11**, 19**46**
that I last saw him alive on **8-11**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **PULMONARY TUBERCULOSIS**
Duration

Due to **13 15**
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 **Paul J. Raymond** (M. D. or other **M.D.**)
Address **ROBERT KOCH HOSP. KOCH, MO.** Date signed

3. (a) PRINT FULL NAME

RUFUS GRIMES

3. (b) If veteran, name war

✓

3. (c) Social Security No.

YES

4. Sex

MALE

5. Color or race

NEGRO

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

MARRIED

6. (b) Name of husband or wife

JUSIE GRIMES

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

?

7. Birth date of deceased

6 (Month)

12 (Day)

05 (Year)

8. AGE:

Years

Months

Days

If less than one day

41

-

1

30

✓ hr.

✓ min.

9. Birthplace

EL DORADO (City, town, or county)

ARK. (State or foreign country)

10. Usual occupation

LABORER

11. Industry or business

✓

MOTHER FATHER

12. Name

JOE GRIMES

13. Birthplace

(City, town, or county)

LOUISIANA (State or foreign country)

14. Maiden name

IDA BROWN

15. Birthplace

(City, town, or county)

? (State or foreign country)

16. (c) Informant

HOSPITAL RECORDS

(b) Address

ROBERT KOCH HOSP. KOCH, MO.

17. (a) Date

CONFIDENTIAL

(b) Date thereof

8/17/46

(c) Place of burial or cremation

St. Louis Washington Park

18. (a) Signature of funeral director

Missouri Ind. Co.

(b) Address

4254 W. Zimmery

19. (a) Date received local registrar

8-17-46

(b) Registrar's signature

E. M. Bernan MD

SEP 19 1946

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.....

J. A. Sheen

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.