S. No. 2
MR-1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39707

Registration District No. FILED DEC 15 1947 318

Primary Registration District No. 1003

Registrar's No. 11204

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 Homer G. Phillips
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 74 yrs.
years, months or days)

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. 3853 Evans
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1851 (Year)

8. AGE: Years 96 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Oakridge (City, town, or county) La. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Ed. Overton
13. Birthplace Oakridge (City, town, or county) La. (State or foreign country)
MOTHER
14. Maiden name Emily
15. Birthplace Oakridge (City, town, or county) La (State or foreign country)
16. (a) Informant Martinia Grimes
(b) Address 3853 Evans Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard ST.
19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 5
year 1947 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Nov. 29, 1947 to Dec. 5, 1947
that I last saw her alive on Dec. 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Internal & External Hemorrhoids
Due to
Due to
Other conditions Possible Carcinoma of Anus or Rectum
(Include pregnancy within 3 months of death)
Uterine Myoma
Major findings:
Of operations
Of autopsy None

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/6/47

Jefferson City Printing Co.
(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.

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13, 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.