S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39708

FILED DEC 15 1947 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 11189

WRITE PLAINLY—USING 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: City Hospital # 1 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 5976 Lotus Ave. 9 (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Grimm
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph V. Grimm
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 22 (Day) 1864 (Year)

8. AGE: Years 83 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace West Phalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name Frank Winter
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Elizabeth Warner
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)
16. (a) Informant Frank Grimm
(b) Address 5976 Lotus Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1947 hour 6 minute 46 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw her alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd & 3rd Degree Burns of three Fourths of Boby when deceased Clothing became ignited from electric Cooking Range in the Kitchen of her home Dec 5976 Lotus Ave on Dec 6th 1947 at about 1:30 PM

Duration

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations 181
Of autopsy no 15

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) Accident
(b) Date of occurrence Dec 6th 1947
(c) Where did injury occur? St. Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Is above

23. Signature Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 12/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

CITY CORONER

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 Jas. W. Clark.

(No Embalming)

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamont Ave.

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.