

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003 State File No. 28282
7119 Registrar's No.

BIRTH NO. 56334-51 REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 15 TOWN St. Louis 2157	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp		d. STREET ADDRESS (If rural, give location) 4407 Spravois 0	

3. NAME OF DECEASED a. (First) TERRY b. (Middle) JEAN c. (Last) GRIMM			4. DATE OF DEATH (Month) (Day) (Year) Aug 8, 1951			
5. SEX FEM.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 7-23-51	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months Days 15	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Fredrick P. Grimm		13b. MOTHER'S MAIDEN NAME Lillian Oates		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS L. A. Stanton	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure 1 day		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 754.4	

22. I hereby certify that I attended the deceased from 8-3 1951, to 8-8 1951, that I last saw the deceased alive on 8-8 1951, and that death occurred at 5:35 pm., from the causes and on the date stated above.

23a. SIGNATURE Dr. L. Stanton M.D. (Degree or title)		23b. ADDRESS 500 S. Kingshighway		23c. DATE SIGNED 8-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 10 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
				24d. LOCATION (City, town, or county) (State) Genay Mo	

DATE REC'D BY LOCAL REG. AUG 10 1951		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wendler 1416 7420 Michigan	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald O. Yehrike

Signed.....
Student Embalmer

Licensed Embalmer No..... *3917*

P. O. Address..... *St. Louis*

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.