

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 8 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8602**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 4511	
		d. STREET ADDRESS (If rural, give location) 1529 Swallow Dr. /	
3. NAME OF DECEASED a. (First) MAUDE (Type or Print) b. (Middle) c. (Last) GRIMES			4. DATE OF DEATH (Month) (Day) (Year) Sep. 12 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 24, 1866
9. AGE (In years last birthday) 86		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) New Richmond, Ind. /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME W. T. Wasson		13b. MOTHER'S MAIDEN NAME Martha Cannon	14. NAME OF HUSBAND OR WIFE Late Charles M. Grimes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hazel Woodworth 1529 Swallow Dr.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio renal vascular failure			INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DUE TO (b) Innauition			2 wks
DUE TO (c) Cerebral vascular accident			6 wks
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 type="checkbox"/> NO <input checked="" 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? 442X	
22. I hereby certify that I attended the deceased from 26 July, 1952 to 12 Sept., 1952 , that I last saw the deceased alive on 11 Sept., 1952 , and that death occurred at 8:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Reynolds A. Emerson, M.D.		23b. ADDRESS 5427 Delmar, St. Louis 12, Mo.	23c. DATE SIGNED 9/13/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sep. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. SEP 13 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauer 4228 S. Kingshighway Bl	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Edwin A. M. Bennett

Licensed Embalmer No. *3024*

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.