

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20551

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5374

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>Few. Min.</u>		c. CITY OR TOWN <u>PINE LAWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN Hosp</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> No. <u>04141</u>	
e. STREET ADDRESS <u>7134 W. FLOISSANT</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAUDE</u>	b. (Middle) <u>IONA</u>	c. (Last) <u>GRIMES</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JUNE 13, 1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR 10, 1888</u>	9. AGE (In years last birthday) <u>66</u>	# OVER 1 YEAR Months <u>3</u>	# OVER 1 MIN. Hours <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SHELBYVILLE ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MOSES BRINKLEY</u>	13b. MOTHER'S MAIDEN NAME <u>ELMIRA SHRINER</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS GRIMES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lola Johnson</u>	18. ADDRESS <u>7134 W. FLOISSANT ST. LOUIS, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		<u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular morbidity</u> DUE TO (c) <u>Diabetes mellitus</u>		<u>9 years +</u> <u>9 years.</u>
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"/>
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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)
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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 <u>260X</u>
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22. I hereby certify that I attended the deceased from 4-19-48, 1948, to 6-13-54, 1954, that I last saw the deceased alive on 6-1-54, 1954, and that death occurred at 10:56 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4222 N. Grand</u>	23c. DATE SIGNED <u>6-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>—</u>	24d. LOCATION (City, town, or county) (State) <u>E. ST. LOUIS, ILL.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 15 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>1101 N. 9th St. St. Louis, Mo.</u>
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(Licensed Embalmer's Certificate 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. *47*

P. O. Address *La Lou*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.