

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10798

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2274**

1. PLACE OF DEATH a. COUNTY		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. LENGTH OF STAY (in this place) 35 Yrs.		c. CITY OR TOWN 3617 Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3617 Missouri		e. STREET ADDRESS (If rural, give location) 24 St. Louis, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) E.		c. (Last) GRIMM	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 29, 1956		5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1889	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer-Pressmann		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer-Pressmann		10b. KIND OF BUSINESS OR INDUSTRY retired		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Grimm		13b. MOTHER'S MAIDEN NAME Mary Bietsch		14. NAME OF HUSBAND OR WIFE Anna Grimm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. #1 488010050		17. INFORMANT'S SIGNATURE OR NAME Anna Grimm, 3617 Missouri	
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 DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ESSENTIAL HYPERTENSION DUE TO (c) SENILE ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 440X			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from JUNE 1951 , to February 29, 1956 , that I last saw the deceased alive on FEB. 29, 1956 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Francis L. Oms D.C.		23b. ADDRESS 3636 So. Grandway St. Louis 8-3-56		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/5/56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Undertaking Co.		ADDRESS , 7420 Mich.	
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE J. Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Undertaking Co., 7420 Mich.	

(Licensed Embalmer's Statement on Reverse Side)

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

Arms
36658 Body.

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 *J E Morris*.....

Licensed Embalmer, No. *3*.....

P. O. Address *J Hou*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.