

FILED AUG 26 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 29505  
 STATE FILE NUMBER

 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7339**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>13 Incarnate Word Hospital</b>		d. STREET ADDRESS <b>224 3426 Texas Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Effie</b> Middle <b>Grim</b> Last <b>Grim</b>		4. DATE OF DEATH Month <b>August</b> Day <b>3</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 13, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Mfg.</b>	11. BIRTHPLACE (City and state or country) <b>Stoddard Co., Mo.</b>
13. FATHER'S NAME <b>Pleg Leonard</b>		14. MOTHER'S MAIDEN NAME <b>Ida Dublin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-30-5604</b>	
17. INFORMANT <b>Pearl Broyles, St. Louis, Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac &amp; respiratory failure</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>metastatic carcinoma of ovary</b> DUE TO (c) <b>175X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>about 1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour <b>4:45</b> Month <b>Aug</b> Day <b>3</b> Year <b>1957</b> a. m. <b>am</b> p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased on <b>June 19 1957</b> to <b>Aug 3 1957</b> and last saw her alive on <b>Aug 3 1957</b> Death occurred at <b>5:45 am 8/3/57</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ray Ottawa</b> (Degree or title)		22b. ADDRESS <b>466 Maryland</b>	
22c. DATE SIGNED <b>6 Aug 57</b>			
23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		23b. DATE <b>8-4-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Morgan</b>		23d. LOCATION (City, town, or county) (State) <b>Advance, Mo.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 6 '57</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be correctly related. Caretaker cannot certify to a cause due to natural causes.

AUG 25 1957

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 *John L. Dennis*

Licensed Embalmer No. 7

P. O. Address St. Louis

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.