RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-012649

FILED VS MAR 3 1 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3184 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: 10 min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3530 California Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Edward — Middle: C. — Last: Grimm
4. DATE OF DEATH: Month: March — Day: 17, — Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/2/99
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mixer
10b. KIND OF BUSINESS OR INDUSTRY: Grace Sign Mfg.Co.
11. BIRTHPLACE (City and state or country): Corning, Kans.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jack A. Grimm
13b. MOTHER'S MAIDEN NAME: Emma Horner
14. NAME OF HUSBAND OR WIFE: Vera A. Grimm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 494-07-5334
17. INFORMANT: Vera A. Grimm — Address: 3530 California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial INSUFFICANCY — INTERVAL BETWEEN ONSET AND DEATH: 6 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary occlusion — 2.9 months
DUE TO (c): 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 from 10-9-57, to 3-17-60 and last saw her/him alive on 3-17-60
Death occurred at 10:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm. R Gum (Degree or title) M.D.
22b. ADDRESS: 3227 S Broadway St Louis 4 Mo
22c. DATE SIGNED: 3-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Mar.21,1960
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County, Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE — ADDRESS: 3634 Gravois Ave
25. DATE RECD. BY LOCAL REG.: MAR 19 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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