

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-036916

FILED VS SEP 21 1960

317

Primary Registration District No. 547

Registrar's No. 2684

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____ c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>1708<sup>a</sup> ALLEN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>THOMAS ALBERT GRIMM SR</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>SEPT 8 1960</u>				
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>MAY 19 1909</u>	<b>9. AGE</b> (last birthday) <u>51</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>UNION REPRESENTATIVE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <u>Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>PETER GRIMM</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY UNSER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>GERTRUDE GRIMM</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>492-01-7748</u>		<b>17. INFORMANT</b> <u>GERTRUDE GRIMM</u> Address <u>1708<sup>a</sup> ALLEN</u>	

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Retroperitoneal Sarcoma</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>12-18 mo</u>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> _____	<b>COUNTY</b> _____ <b>STATE</b> _____
<b>21. I attended the deceased from</b> <u>Nov. 1959</u> to <u>Sept. 8, 1960</u> and last saw <u>him</u> alive on <u>Sept. 8, 1960</u> Death occurred at <u>8:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

<b>22a. SIGNATURE</b> (Degree or title) <u>W.C. Macdonald MD</u>	<b>22b. ADDRESS</b> <u>4161 Lindale</u>	<b>22c. DATE SIGNED</b> <u>9-10-60</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>23b. DATE</b> <u>SEPT 14 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>RESURRECTION CEM.</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>ST. LOUIS Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Thomas Kuten 2906 Lewis</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-11-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>John E. Murphy M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

get prepared in country  
2-5  
9-15 at  
12-3-1810

**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 James E. Hill

Licensed Embalmer No. 4347  
P. O. Address 2906

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