

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004471

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 162

FILED JAN 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 12 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION HOSPITAL		d. STREET ADDRESS (If outside, give location) 2316a McNair	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) THOMAS R. GRIMES			4. DATE OF DEATH Month Day Year Jan. 15, 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-16-05	9. AGE (last birthday) 57 YEARS	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY BARREL FACTORY		11. BIRTHPLACE (City and state or country) VIANNA, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME THOMAS B. GRIMES		13b. MOTHER'S MAIDEN NAME MARY NELSON	
14. NAME OF HUSBAND OR WIFE ROSIE GRIMES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT ROSIE GRIMES (wife)		Address 2316a McNair St. Louis, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA AND HYDROTHORAX		TERMINAL
DUE TO (b) MYOCARDIAL INSUFFICIENCY		TERMINAL
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE, MARKED		MANY YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MULTIPLE EMBOLI AND PULMONARY INFARCTS, RIGHT LOWER LOBE & RIGHT MIDDLE LOBE		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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) [REDACTED]	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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. <input checked="" type="checkbox"/> VA attended the deceased from 1-3-63 to 1-15-63 Death occurred at 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John J. Mueller</i> (Degree or title) M.D. VET. ADM. HOSP; JEFF. BRKS., 25, MO.		22b. ADDRESS	22c. DATE SIGNED 1-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-18-63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.			
24. FUNERAL DIRECTOR McLaughlin Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 1-16-63	26. REGISTRAR'S SIGNATURE <i>John J. Mueller</i>
ADDRESS 2301 Lafayette, St. Louis, Mo.		LICENSED Embalmer's Statement on Reverse Side	

USE BLACK INK OR TYPEWRITER RIBBON

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.