

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

4337

**1. PLACE OF DEATH**

County.....

Registration District No. 701

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 900

City.....

(No. 3414a, Winnebago St. 16 Ward)

St. 16 Ward

**2. FULL NAME** Mathilda Grimm

(a) Residence. No. 3414a Winnebago St. 16 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Jacob Grimm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 1 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Widmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Rosena Vogel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Germany

14. INFORMANT Jacob Grimm  
 (Address) 3414a Winnebago

15. FILED Jan 21 1929  
Max C. Stankoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 18 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec 28 to Jan 18 1929 that I last saw h. alive on Jan 18 1929, and that death occurred, on the date stated above, at 9:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic  
degenerative femoral  
9:35 2 attached  
92 A (duration) 4 yrs. 4 mos. 4 da.

CONTRIBUTORY chronic hypochondria  
 (SECONDARY) (duration) 4 yrs. 4 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) Julius J. Fride, M.D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Missouri Crematory Jan. 21 1929

20. UNDERTAKER Hauke & Schmitt ADDRESS 3732 S. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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PARENTS

