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.

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

Do not use this space.

42591

File No. .....

Registered No. 11734

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis. (No. 4311 Michigan Avenue. St. ..... Ward)

2. FULL NAME Christian A. Grimm.

(a) Residence, No. 4311 Michigan Ave. St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Grimm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1885.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 103

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME John F. Grimm.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 31

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Elizabeth Grimm 4311 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE Dec. 31, 1938.

19. UNDERTAKER (ADDRESS) J. H. Gebhardt & Co. 2842 Meramec St.

20. FILED DEC 31 1938, 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932, to Dec 28th, 1932

I last saw him alive on Dec 28th, 1932. Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	
Left Lobar Pneumonia	
108	
131	
97th	
108	

Other contributory causes of importance:

Anasarca	
Aortic Stenosis (1)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Dietz, M. D.

(Address) 3121 Pierce St.