

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 23 1936

1. PLACE OF DEATH
County St. Louis Registration District No. 788
Township Carondelet Primary Registration District No. 4471
City Webster Groves (No. 50 Sarah Ave) St. 129 Ward 2791

2. FULL NAME Johanna Grimm
(a) Residence No. 50 Sarah St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10- 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 Fred. Langenbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Stern
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Muller Muller-Baughen
(ADDRESS) 30 Sarah - Webster

18. BURIAL, CREMATION, OR MEMORIAL PLACE St. Wiler family DATE Jan 9th 1936

19. UNDERTAKER Julius W. Schmidt
(ADDRESS) 5934 Cass Ave St. Louis

20. FILED 128- 19 36 Julius R. York
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Jan. 6, 1936

I last saw her alive on Jan. 6, 1936 Death is said to have occurred on the date stated above, at 7:48 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1-2-36

Other contributory causes of importance:
Arteriosclerosis

Name of operation Clinical Date of
What test confirmed diagnosis Clinical 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?
If so, specify

(Signed) Arthur W. H. H. H., M. D.
(Address) Webster Groves, Mo.

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