

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

Do not use this space.

SEP 23 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township East Central Primary Registration District No. 4471
 City Webster Groves (No. # 30 Sarah St.) St. _____ Ward _____

2. FULL NAME Henry Adam Grimm

(a) Residence, No. # 30 Sarah St. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grimm Stamp & Balge Co.

10. Date deceased last worked at this occupation (month and year) About 10 yrs ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 11

13. NAME Valentine Grimm 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Millie G. Shullen (ADDRESS) # 30 Sarah St.

18. BURIAL, CREMATION, OR OTHER PLACE St. Peter's Cem. DATE 1-22-37

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Wentzburgerway

20. FILED 1-20-1937 Julius R. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1936 to Jan 19, 1937

I last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Coronary Occlusion - Date of onset 1/19/37
Heart Affected from Jan 86
Arteriosclerosis

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation None Date of _____
 What tests confirmed diagnosis Clinical Was there an autopsy? No

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. C. Quail, M. D.
 (Address) 19 E Lockwood

WRITE PRINTING 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.

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Dr Goodrich
176 Lakewood