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.

1. PLACE OF DEATH JUL 8 1937

County ..... Registration District No. 791 File No. 21749

Township ..... Primary Registration District No. 1003 Registered No. 5501

City St. Louis (No. ....., Bethesda Hospital St. ..... Ward)

2. FULL NAME Donald Lee Grimes

(a) Residence, No. 117 Hampton St., N. R. Ward 2 Venice Illinois
(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1936

7. AGE — YEARS: — MONTHS: 11 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Venice Illinois

FATHER

13. NAME Virgil Grimes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stalling Station Illinois

MOTHER

15. MAIDEN NAME Grace Thompson

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

17. INFORMANT (ADDRESS) Virgil Grimes Venice Illinois

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freedom Ill DATE June 4 1937

19. UNDERTAKER (ADDRESS) M. C. Lahey Madison Ill

20. FILED JUN 2 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to June 2, 1937

I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 1:30 P m.

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

Miliary Tuberculosis of lungs — Date of onset 11-1-36

Other contributory causes of importance: 23

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) Charles F. Hoey, M. D.

(Address) Bethesda Hosp.