

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1008
898
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No.
 (b) Township Primary Registration District No. Registered No. 898
 (c) City St. Louis (d) Street No. 1018 Morrison Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James F. Grimley

(a) Residence, No. 1018 Morrison Ave St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 67 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Missouri

13. NAME James F. Grimley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Julia Fanning

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

17. INFORMANT (ADDRESS) Sarah C. Tipling 1018 Morrison Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE January 30, 1939

19. FUNERAL DIRECTOR (ADDRESS) Peetz Brothers 3029 Lafayette Ave

20. FILED JAN 29 1939 J. B. Bieder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 28, 1939
 last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

Name of operation Date of
What test confirmed diagnosis? 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 C. F. Klappel M. D.

(Address) 905 Morrison Ave

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Francis J. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)