

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DECD APR 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8173
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008** Registered No. **1938**
 (c) City **St. Louis, Mo** (d) Street No. **DARNES HOSPITAL** 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

625 GRISSMER, HERBERT PAUL
 (a) Residence, No. **BRANSCOMBE HOTEL 5370 Oct St.** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) **[12]**

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) **Aug 7 - 1900**

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
38 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Specialties**
 10. Date deceased last worked at this occupation (month and year) **Jan 1939** 11. Total time (years) spent in this occupation **16**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Frankton Ind**

FATHER 13. NAME **Charles J. Grissmer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Reynolds Ind**

MOTHER 15. MAIDEN NAME **Agnes Broderick**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Anderson Ind**

17. INFORMANT (ADDRESS) **John H. Grissmer Anderson, Indiana**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Anderson Ind Mar 3 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Francis J. Lehey Madison, Indiana**

20. FILED **MAR 1 1939** **J. T. Broderick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2 - 28 - 1939**

22. I HEREBY CERTIFY, That I attended deceased from **1 - 31 - 1939** to **2 - 28 - 1939**

I last saw him alive on **2 - 28 - 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:

Intracerebral Hemorrhage, caused by central hypotension from transfusion

Other contributory causes of importance: **82a**

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.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) **Edward Massie**, M. D.

(Address) **BARNES HOSPITAL**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Francis J. Lehey

Licensed Embalmer No.....

2792

P. O. Address.....

Madison Illinois

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

If this body is not embalmed, above space should be left blank.