

S. No. 2
M-9-4-41
v. 5-17-39
VI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6996**
Registrar's No. **4**

FILED MAR 20 1942
Registration District No. **423**

Primary Registration District No. **4251**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **JEFFERSON**
(b) City or town **KIMMSWICK MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **JEFFERSON**
(c) City or town **KIMMSWICK, MO**
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ANNA GRIMM**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **17**
year **1942** hour **5** minute **5 A.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Feb. 27th 1939**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 11 20 hr. min.

Immediate cause of death
Inquest held Feb 17-1942 before Ct. Clemens District Coroner due at Imperial Mo Verdict of jury "Apparently Labor Pneumonia"

9. Birthplace **Kimmswick Mo**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Duration
PHYSICIAN

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name **William Grimm**
13. Birthplace **Maxville Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Stoeckel**
15. Birthplace **Waterloo Ill.**
(City, town, or county) (State or foreign country)

Major findings: Of operations **108**
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant **Wm Grimm**
(b) Address **Kimmswick Mo**

22. If death was due to external causes, fill in the following:

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **Feb 19-1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **Rauschenbach Cemetery**

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury **3**

18. (a) Signature of funeral director **Heiligtag Funeral Home**
(b) Address **Kimmswick Mo. R.D. #2**
19. (a) **FEB 18 42** (Date received local registrar) (b) **Phil G. Kirk** (Registrar's signature)

23. Signature **Ct Clemens J.P. - Acty Coroner**
Address **Kimmswick Mo** Date signed **2/17/42**

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 ~~.....~~ **NOT EMBALMED**

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.