. S. No. 2
M—9-4-41
ev. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31316

FILED OCT 6 1942

Registration District No. 184 Primary Registration District No. 111 Registrar's No. 1861

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Rich Hill (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hospital (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) In this community: 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000 17

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 2727 S Kingshighway (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: /

3. (a) PRINT FULL NAME: John Grimm

3. (b) If veteran, name war: 0

3. (c) Social Security No.: 0

4. Sex: Male (1)

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lena Schmidt

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Mar (Month) 2 (Day) 1863 (Year)

8. AGE: Years 79 Months 6 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Artist

11. Industry or business: .....

MOTHER FATHER

12. Name: Richard Grimm

13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name: Maria Grimm

15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs Thomas Gibson

(b) Address: 2727 S Kingshighway

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 9-5-42 (Month) (Day) (Year)

(c) Place: Missouri Crematory or cremation

18. (a) Signature of funeral director: Paul C Calcaterra

(b) Address: 5145 Daggett Ave

19. (a) SEP - 5 1942 (Date received local registrar) (b) E B McGinnis (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 18, 1942 to Sept. 4, 1942 that I last saw him alive on Sept 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Cachexia + Cardiac Failure — Duration: .....

Due to: Carcinoma of Rectum — Duration: .....

Due to: ..... — Duration: .....

Other conditions (Include pregnancy within 3 months of death): HBP — Duration: .....

Major findings:
Of operations: Carcinoma of Rectum
Of autopsy: Ca of Rectum & metastasis to liver & lungs.

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify): .....

(b) Date of occurrence: .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ..... (e) Means of injury: .....

23. Signature: W. K. McCarty M.D. (M. D. or other) M.D.

Address: Missouri Theatre Bldg. Date signed: 9-4-42

AUG 8 1945

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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Doggett

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.