S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7579

FILED MAR 11 1943

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 399

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3841 Brown Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Berkeley City /
(If outside city or town limits, write "RURAL")

(d) Street No. 3841 Brown Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Catherine Grimm

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Grimm

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

7. Birth date of deceased July (Month) 9, (Day) 1897 (Year)

8. AGE: Years 45 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Herres
13. Birthplace - - - (City, town, or county) Augtria 4 (State or foreign country)

MOTHER
14. Maiden name Rose Meyer
15. Birthplace - - - (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. Joseph A. Grimm
(b) Address 3841 Brown Road, St. Louis Co., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Fun. Home.
(b) Address 4828 Natural Bridge, St. Louis, Mo.

19. (a) FEB 17 1943 (Date received local registrar) (b) C. G. McGavron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th, year 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from May 19, 1942, to Feb 14, 1943 that I last saw her alive on Feb 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Maurice A. Dillon (M. D. or other) M.D.

Address 8924 St. Charles Rd. St. Louis Co, Mo. Date signed 2/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.