S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26047

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1703

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8255 Brenner Ave.
(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. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")

(d) Street No. 8255 Brenner Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Edward Grimshaw.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-8617

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Grimshaw.

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

7. Birth date of deceased March (Month) 17, (Day) 1875. (Year)

8. AGE: Years 68 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Mechanic (retired)

11. Industry or business

FATHER
12. Name George Grimshaw.
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Brashier.
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Helen Grimshaw.
(b) Address 8255 Brenner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave

19. (a) JUL 27 1943 (Date received local registrar) (b) C. D. McGann, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th. year 1943 hour 6 minute 30 A.M

21. I hereby certify that I attended the deceased from June 18 1943, to July 6 1943, that I last saw him alive on July 6 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation — Duration 1 day.

Due to Nephritis Chronic

Due to

Other conditions Chronic Myocarditis
(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) None

(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 Roy A. Fischer (M. D. or other) MD

Address Overland, Mo. Date signed 7-26-43

(Licensed Embalmer's Statement on Reverse Side)

Br. R. A. Walthers.
2438 Woodson Road.
Hours 2 to 4 P.M.
Telephone Winfield 0256.

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 3454

Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. M

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.