

FILED DEC 3 1943

Registration District No. **318**

Primary Registration District No. **1003**

State File No. **36410**

Registrar's No. **10128**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Childrens Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Joan Carlyn Grimmie

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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 August 24 - 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 2 22 hr. \_\_\_\_\_ min.

9. Birthplace Bellville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Andrew Grimmie  
13. Birthplace Bellville Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Shirley Miller  
15. Birthplace Bellville Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Grimmie  
(b) Address R.R. 2, Bellville Ill.

17. (a) Removal (b) Date thereof 11-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellville

18. (a) Signature of funeral director Peter Baydner

(b) Address Bellville Ill.

19. (a) NOV 19 1943 (b) J. F. Boudock  
(Date certified by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town Bellville  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. 2 St. Clair Sup.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 11  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16  
year 1943 hour nine minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-13-43 1943 to 11-16 1943  
that I last saw her alive on 11-16 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Rt. Lobar Pneumonia Duration 2 days  
Severe Anemia 4 wks  
" Malnutrition " "

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Rt. Lobar Pneumonia PHYSICIAN  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

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 in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(f) Means of injury \_\_\_\_\_

23. Signature Albert B. Foster (M. D. or other) \_\_\_\_\_  
Address 500 So. Kingshighway Date signed \_\_\_\_\_

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

no  
17  
9

NR  
999  
11  
0

10128  
82101

10128  
82101

---

---

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.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....  
*Body Not Embalmed*  
*Pete Gardner*

..... 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.