

FILED DEC 29 1944 **318**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **10860**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days **0**
(Specify whether _____)

In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2403 Menard Ast
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT **ELIZABETH GRIMMEL**
FULL NAME

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 Married

6. (b) Name of husband or wife Philip Grimmel 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 18 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1944 hour 5 30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 11/20/44
_____, 19____, to Dec 19, 19____.

that I last saw her alive on Dec 19, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 6 1 hr. _____ min.

9. Birthplace St Louis Mo. **U**
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER { 12. Name Phillip Exler

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

14. Maiden name Unknown

15. Birthplace Germany **U**
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Grimmel
(b) Address 2403 Menard St.

17. (a) Burial (b) Date thereof Dec 22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director [Signature]
(b) Address 2906 Gravois Ave.

19. (a) DEC 20 1944 J. F. Brudick
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Ch. nephritis & Ch. myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
12/1

Major findings:
Of operations _____
Of autopsy _____

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 in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 2403 Menard St Date signed 12/20/44

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

David Van Fossan

Licensed Embalmer No. *2906*

P. O. Address. *4242*

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.