

STANDARD CERTIFICATE OF DEATH

State File No. 25289

FILED AUG 5 1946
318

Primary Registration District No. 1003

Registrar's No. 6499

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, M.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community **50 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **2 17**
(d) Street No..... **4822 Austria**
(If rural, give location) **9 0**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **HANS GRIMM**

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

4. Sex **male** race **white** 5. Color or race.....
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ida** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Nov. 22nd 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 29 hr. min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **LL**

10. Usual occupation **Carpenter**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Unknown** **9**
13. Birthplace..... **Unknown** **1**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ida Grimm**
(b) Address **4822 Austria**

17. (a) **Crementation** (Burial, cremation, or removal) (b) Date thereof **7-24-46**
(Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**
(b) Address **7027 Gravois Ave.**

19. (a) **JUL 24 1946** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1946** hour **9:10** minute **P** M.
21. I hereby certify that I attended the deceased from **July 10**
19 **46** to **July 21** 19 **46**
that I last saw h. **in** alive on **July 21** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerotic heart disease
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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 **W. W. Fitzgerald** (M. D. or other) **0**
Address **1515 Lafayette Avenue** Date signed **7/22/46**

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

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 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.