. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1947 #72268

State File No. 22267

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6314

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 20 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 14 6206 Winona Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARGARET GRIMMEL

3. (b) If veteran, name war ----- 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 Louis 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 5th, (Day) 1857 (Year)

8. AGE: Years 90 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation home

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

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

16. (a) Informant Emily Sieckhaus
(b) Address 6206 Winona, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wacker-Helderlich & Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUL 2 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1947 hour 4:40 minute A M.

21. I hereby certify that I attended the deceased from 6/11/47 19 to July 1st, 1947 that I last saw her alive on July 1st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema & arteriosclerotic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 weeks
3

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John R. Loughead (M. D. or other)

Address 1515 Lafayette Date signed 7/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) JOHN R. LOUGHEAD

## 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 Robert C Wheeler

Licensed Embalmer No. 2128

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.