

No. 2
-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15632

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 164

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST FRANCIS HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days) 2 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County SCOTT 100
(c) City or town RURAL Commerce 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 MILE WEST OF COMMERCE 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME STELLA GRIM
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 17TH
year 1948 hour 11 minute 30 P. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES GRIM 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased OCT 12 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 16 1948 to May 17 1948
that I last saw ~~her~~ alive on May 17 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 4 Days 25
If less than one day hr. min.

Immediate cause of death: Hydronephrosis
Kidney @ Acute hematuria
nephritis
Due to

Duration
3 days

9. Birthplace NEAR COMMERCE MISSOURI
(City, town, or county) (State or foreign country)

Due to
Other conditions (Include pregnancy within 3 months of death) 20

10. Usual occupation HOUSEWIFE

Major findings: Of operations ✓

11. Industry or business HOUSEWIFE

Physician

12. Name FELIX SCHERER

Of autopsies

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

If death was due to external causes, fill in the following:

14. Maiden name UNKNOWN 9

(a) Accident, suicide, or homicide (specify) NO

15. Birthplace

(b) Date of occurrence ✓

16. (a) Informant Mrs Herbert Walter

(c) Where did injury occur? (City or town) (County) (State)

(b) Address Anell, Missouri

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

17. (a) BURIAL (b) Date thereof MAY 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)

(c) Place: burial or cremation MEMORIAL PARK - CAPE GIRARDEAU

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

18. (a) Signature of funeral director Siglinghoff

23. Signature H. H. ... (M. D. or other) 0

(b) Address 28th St

Address Cape Girardeau Date signed 5/18/48

19. (a) 5-25-48 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

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

6
1
1

REIVED

Health Officer No. 4
File Number 648-7
Date Filed 6-1-48

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 *Oliver C. Amick*

Licensed Embalmer No. *4470*

P. O. Address *Illino, 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.