

National Office of Vital Statistics

FILED AUG 12 1948

Registration District No.

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3458a Chippewa Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 47 years  
 (Specify whether years, months or days)

## 3. (a) PRINT

FULL NAME John Edward Grimes

## 3. (b) If veteran,

name war.....

## 3. (c) Social Security No.

497-01-1636

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife..... Mrs. Elsa Dinzebach Grimes 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... March 7th, 1876  
 (Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

72426

hr. min.

9. Birthplace..... Union, Nebraska  
 (City, town, or county) (State or foreign country)10. Usual occupation..... Retired Salesman11. Industry or business..... Electric Appliances12. Name..... George Grimes13. Birthplace..... Missouri  
 (City, town, or county) (State or foreign country)14. Maiden name..... Nancy Goddard15. Birthplace..... Missouri  
 (City, town, or county) (State or foreign country)16. (a) Informant..... Mrs. Albert Melcher(b) Address..... 5411 Delor17. (a) Cremation (b) Date thereof..... Aug. 4, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Missouri Crematory18. (a) Signature of funeral director..... Beiderwieden F.H. Inc.(b) Address..... 1936 St. Louis Avenue19. (a) AUG 4 - 1948  
 (Date received local registrar)(b) J. E. Budek  
 (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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")  
 (d) Street No. 3458a Chippewa Street  
 (If rural, give location)  
 (e) Citizen of foreign country?..... No (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1948 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 31,  
1948, to Aug 2, 1948;  
 that I last saw him alive on Aug 2, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

CONGESTIVE HEART FAILURE

Duration

3 DAYS

Due to..... ARTERIOSCLEROSIS  
+ HYPERTENSION

NOT KNOWN  
 NOT KNOWN

Due to.....

Other conditions..... NONE  
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations.....

Of autopsy.....

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.....

23. Signature..... A. E. Harvey (M. D. or other) MD  
 Address..... 220 LEMAY FERRY RD Date signed..... 8-3-48

A. E. Harvey

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

Dr. Alex. E. Harro  
220 Lemay Fe

10-12

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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

Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.