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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38174

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9657

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 409 Hern Ave. 2
(If rural, give location)

U.R.

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

If yes, name country ---

3. (a) PRINT FULL NAME Infant Grimm

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced D Single

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Nov. (Month) 4 (Day) 1948 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. D (State or foreign country)

10. Usual occupation Nihel

11. Industry or business ---

FATHER
12. Name Carl Weil D
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alvera Grimm
15. Birthplace St. Louis (City, town, or county) Missouri.) (State or foreign country)

16. (a) Informant Carl Grimm
(b) Address 409 Hern - Ferguson, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri

19. (a) NOV 6 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/4, 1948, to 11/6, 1948; that I last saw him alive on 11/5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Heart Lesion	2 days
Mongolianism & congenital	
Due to malformation of hands &	
feet	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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) (e) Means of injury

23. Signature L. A. Hughes (M. D. or other) M.D.
Address Ferguson Mo Date signed 11/6/48

(Licensed Embalmer's Statement on Reverse Side)

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 L. M. Shlite

Licensed Embalmer No. 3973

P. O. Address Ferguson, Ind

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.