

No. 378
10.48

FILED JUN 9 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15475
Registrar No. 6

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5472

1. PLACE OF DEATH a. COUNTY Gasconde		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Richland Twp		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 mi. S. W. of Hermann			

3. NAME OF DECEASED (Type or Print) a. (First) LaMoyné b. (Middle) Maurice c. (Last) Grimm			4. DATE OF DEATH (Month) (Day) (Year) May 1-1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Apr. 10-1934	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME LaMoyné W. Grimm	13b. MOTHER'S MAIDEN NAME Ruth Matlock	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm F. Grimm, Hermann, Mo	ADDRESS RFD
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6850 42
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Falling in River from Boat DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gasconade River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richland Twp Gasconade Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-1-49 about 5:15 p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Falling from boat

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE August H. Blumer (Degree or title) Coroner 3	23b. ADDRESS Hermann, Mo	23c. DATE SIGNED 5-2-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-2-49	24c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE RECD BY LOCAL REG. 5/2/49	REGISTRAR'S SIGNATURE D. M. Munderville	5. FUNERAL DIRECTOR'S SIGNATURE August H. Blumer	ADDRESS Hermann, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 9 130
1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 7 1949

JUN 9 1949

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Hugo H. Blumer
Student Embalmer No. _____

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.