

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 18227
14413

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>1 Mo. 4 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2249</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmaty Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2810 SALENA 0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) c. (Last) <u>Grimmel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1950.</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>9/1/1875</u>	9. AGE (In years last birthday) <u>74 Yrs</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CITY EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo., 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>PHILLIP GRIMMEL</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTIAN ARRID</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZ. GRIMMEL (DECEASED)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARTHUR GRIMMEL 4720 MICHIGAN</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
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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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HH SX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from April 13, 1950, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford L. Krag, M.D.</u>		23b. ADDRESS <u>5600 Arsenal, St. Louis</u>		23c. DATE SIGNED <u>17 May 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
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DATE REC'D BY LOCAL REG. <u>MAY 18 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Swenter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u>		
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Received

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *James E. Hill*

Signed
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Grand*

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.