

FILED OCT-10 1950 STANDARD CERTIFICATE OF DEATH

State File No. 32179

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2349

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay 23</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay 23</b>	
c. LENGTH OF STAY (in this place)		4860	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>717 Bartolet</b>		d. STREET ADDRESS (If rural, give location) <b>717 Bartolet</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Paul</b>	c. (Last) <b>Grimm</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 28, 1950</b>
-------------------------------------	------------------------	-------------------------	------------------------	---

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 1, 1904</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 YEAR Days <b>27</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser-Busch</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John Grimm</b>	13b. MOTHER'S MAIDEN NAME <b>unknown Theresa</b>	14. NAME OF HUSBAND OR WIFE <b>Viola Grimm</b>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>486169706</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Viola Grimm, 717 Bartolet</b>	ADDRESS
---	--	--	---------

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 <b>30 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-vascular - Renal Disease</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>49.01</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May, 1947, to Sept. 28, 1950, that I last saw the deceased alive on Sept. 20, 1950, and that death occurred at 11 12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Victor H. Frankel, M.D.</b>	23b. ADDRESS <b>16 Newton College</b>	23c. DATE SIGNED <b>9/29/50</b>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10-2-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Ruth.</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>10-2-50</b>	REGISTRAR'S SIGNATURE <b>J.R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co., 7420 Michigan</b>	ADDRESS
---	--	---	---------

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

V H. Kunkel  
16 Hampton Villages  
after 2

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

*Lawrence M. Sizemore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address \_\_\_\_\_

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.