No. 300
10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42306

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11330

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St Louis, Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219
d. STREET ADDRESS (If rural, give location): 2641 Pine Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): E
c. (Last): Grimm

4. DATE OF DEATH (Month) (Day) (Year): Dec. 31 1950

5. SEX: M.
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9-23-1883
9. AGE (In years last birthday): 67 — 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): Printer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lumber City Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William P. Graham
13b. MOTHER'S MAIDEN NAME: Lucy Smith
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-07-8347
17. INFORMANT'S SIGNATURE OR NAME: Della Jamison — ADDRESS: 2625 Lawton Blvd.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Syphilis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 332X

22. *I hereby certify that I attended the deceased from* 12-13, 19 50, *to* 12-31, 19 50 *that I last saw the deceased alive on* 12-31, 19 50, *and that death occurred at* 4:02a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lorenzo W Harris (Degree or title) M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 1-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 1-4-51
24c. NAME OF CEMETERY OR CREMATORY: Oak Dale Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo

DATE REC'D BY LOCAL REG.: JAN 4 1951
REGISTRAR'S SIGNATURE: J. B. Lanter
25. FUNERAL DIRECTOR'S SIGNATURE: Gus Lowe — ADDRESS: 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Arthur L. Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.