

FILED JUL 24 1952

STANDARD CERTIFICATE OF DEATH

State File No.

25842

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6617**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 423X	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 1	
c. LENGTH OF STAY (in this place) 3 wk		d. STREET ADDRESS (If rural, give location) 3044 Tennyson 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			

3. NAME OF DECEASED (Type or Print) Clara Grimm			4. DATE OF DEATH July 7 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH May 20, 1896		9. AGE (In years last birthday) 56		10. MONTHS 1 DAYS 17 HOURS 1 MIN. 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (State or foreign country) Trenton, Ill. 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Geers		13b. MOTHER'S MAIDEN NAME Anna Steff		14. NAME OF HUSBAND OR WIFE William Grimm	
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. 499-05-4665		17. INFORMANT'S SIGNATURE OR NAME Clara Stengl ADDRESS 3044 Tennyson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative shock		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease		4.5 yr	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral ureteral obstruction - unknown			

19a. DATE OF OPERATION 7.7.52		19b. MAJOR FINDINGS OF OPERATION Dilated left kidney & ureter.		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 603X	

22. I hereby certify that I attended the deceased from **6.14**, 19**53** to **7.7**, 19**53** that I last saw the deceased alive on **7.7.52**, 19**52** and that death occurred at **2:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Cassidy M.D.		23b. ADDRESS 4952 Maryland		23c. DATE SIGNED 7.8.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE July 9 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 8 1952 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ortmann Funeral Home 9222 Lakland	
--------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------	--

(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 Al P Ostmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

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.