

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 S. No. 300
 V. 10.48

FILED JAN 28 1953

 BIRTH NO. 71921 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0302

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO 2219</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Numer Phillip Hospital 21</u>			d. STREET ADDRESS (If rural, give location) <u>806 Jefferson</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u>			b. (Middle) <u>Grimm</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-53</u>			5. SEX <u>male</u>			6. COLOR OR RACE <u>Cold</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>			8. DATE OF BIRTH <u>Oct 4 1952</u>			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>3 5</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St Louis MO 0</u>		
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>			13a. FATHER'S NAME <u>Herman Lipton</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Grimm</u>		
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Grimm 806 Jefferson</u>			ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _____							
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tracheobronchitis</u> DUE TO (c) <u>Pneumo pneumonia</u>							
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 checked="" 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? <u>491X</u>	

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 1:30 p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Patrick E. Taylor, Coroner</u>			23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>1.12.53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>JAN 12 1953</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Beal</u>			ADDRESS <u>4303 Delmar</u>	

(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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

Leroy W. Sannister
45-23
3880 Epitroch

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.