

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14412**

FILED MAY 12 1954

BIRTH NO. **# 0698-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1036**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give CITY OR TOWN Richmond Heights) c. LENGTH OF STAY (in this place) 45 min.		c. CITY OR TOWN Jennings 414 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 8340 Steathmore Pl.	

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Grimm c. (Last) Grimm			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH May 2 1954		9. AGE (In years last birthday) 45		10. UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if part-t.) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph B. Grimm		13b. MOTHER'S MARDEN NAME Jean Chamberlin	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE	
17. INFORMANT'S SIGNATURE OR NAME Joseph B. Grimm		17. ADDRESS 8340 Steathmore		18. CAUSE OF DEATH	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane disease of both lungs		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES			
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) -			
		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) Accident		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 2, 1954**, to **May 2, 1954**, that I last saw the deceased alive on **5-2-1954**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donk (Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 5/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Donk, M. John Skypac & Son		25. ADDRESS 5541 Riverview Blvd.	

DATE REC'D BY LOCAL REG. 5-3-54		REGISTRAR'S SIGNATURE Herbert R. Donk		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Donk, M. John Skypac & Son	
				ADDRESS 5541 Riverview Blvd.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Remelun*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.