

38786

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

 State File No. \_\_\_\_\_  
 Registrar's No. **8956**

FILED NOV 22 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri.</b><br>b. COUNTY<br><b>St. Louis.</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>St. Louis, Missouri.</b>  |   | c. LENGTH OF STAY (in this place)<br><b>4 wks.</b>   | c. CITY OR TOWN<br><b>University City</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Lutheran Hospital.</b>  |   | d. Is Residence within limits of city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |  |
| e. STREET ADDRESS (If rural, give location)<br><b>#575 Purdue Avenue.</b>   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  | a. (First)<br><b>JOHN</b>   | b. (Middle)<br><b>HUGO</b>   | c. (Last)<br><b>GRIMM.</b>   |
| 4. DATE OF DEATH  | (Month)<br><b>Oct.</b>  | (Day)<br><b>1st.</b>   | (Year)<br><b>1954.</b>   |
| 5. SEX<br><b>Male.</b>  | 6. COLOR OR RACE<br><b>White.</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed.</b>  | 8. DATE OF BIRTH<br><b>Jan 17, 1864.</b>   |
| 9. AGE (In years last birthday)   | <b>90.</b>  | 10. IF UNDER 1 YEAR<br>Months  | 11. IF UNDER 1 HR. Hours   Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Attorney..</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed.</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri.</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>Valentine Grimm.</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Magdalena Kockels.</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Sophie E. Grimm.</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><b>no.</b>   | 16. SOCIAL SECURITY NO.<br><b>no.</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Elmer H. Grimm, #7166 Pershing Ave.,</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |   |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Frost left Hip</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 mos</b>                                     |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |   |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Chronic myocarditis.</b>  |   |  |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 21a. ACCIDENT SUICIDE *HOMICIDE (Specify)<br><b>Accident</b>  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Resort</b>         | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Green Bay, Wisconsin E 9047</b>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>7-15-54 ? m.</b>  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>fell when on vocateri 45</b>  |  |
| 22. I hereby certify that I attended the deceased from <b>9-1-54</b> , 19____, to <b>since</b> , 19____, that I last saw the deceased alive on <b>Oct 1-</b> , 1954, and that death occurred at <b>4:15 P. m.</b> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Stanley M. Seydij M.D.</b>   | 23b. ADDRESS<br><b>16 Hampton Valley</b>  | 23c. DATE SIGNED<br><b>10-2-54</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Entombment.</b>   | 24b. DATE<br><b>10/4/54.</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Mausoleum.</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>#7800 St. Charles Rock Road.</b> |
| DATE REC'D BY LOCAL REG.<br><b>Oct 4 1954</b>   | REGISTRAR'S SIGNATURE<br><b>Carl Smith M.D.</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>C. R. Lupton &amp; Sons, #7233 Delmar Blv'd.,</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

16 Hampden Ave  
FL - 1 - 1881  
1 8/24

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 *Clarence L. Mc*

Licensed Embalmer No. *401*

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.