

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32974

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 4415 Registrar's No. 112

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pike</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>              |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clarksville</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Mehlville</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>Mississippi River</u>  |                                  | Length of stay in lb<br>—   | d. STREET ADDRESS (If outside, give location)<br><u>Rt. 9, Box 558</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br><u>Charles J. Grimm Sr.</u>   |                                  |   | 4. DATE OF DEATH<br><u>Sept. 28, 1957</u>   |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Feb. 16, 1911</u>  | 9. AGE (In years last birthday)<br><u>46</u>                               | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Brewer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Anheuser-Busch Inc.</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis County, Mo.</u> |   |
| 13. FATHER'S NAME<br><u>Louis Grimm Sr.</u>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Theresa (Unk.)</u>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><u>Yes WW # 2</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>497 03 5051</u>   |   | 17. INFORMANT<br><u>Marie Grimm Rt. 9, Box 558 Mehlville, Mo.</u>          |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Drowning</u>   |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>850X</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>Boat capsized, subject fell into Mississippi river</u> |  |   |
| 20c. TIME OF INJURY<br><u>10:00 AM Sept 28 57</u>  |                                  |   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Mississippi river</u>                                     |  |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20f. CITY, TOWN, OR LOCATION<br><u>Clarksville Pike Mo.</u>   |   | COUNTY STATE   |   |
| 21. I attended the deceased from _____ to _____ and last saw her <u>dead</u> on <u>Sept 28</u> .<br>Death occurred at <u>10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>J. O. Mudd Coroner</u>  |                                  |   | 22b. ADDRESS<br><u>Banling Haven Mo.</u>  |  | 22c. DATE SIGNED<br><u>Sept 28 57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |                                  | 23b. DATE<br><u>Oct. 2, 1957</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>National Cemetery</u>             |   |
|  |                                  | 23d. LOCATION (City, town, or county)<br><u>Jefferson Barracks, Mo.</u>   |   | (State)  |   |
| 24. FUNERAL DIRECTOR<br><u>J. O. Mudd Banling Haven, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Sept 30, 1957</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Berniece Callier</u>                       |   |

OCT 9 1957

MAY 29 1958

MAY 29 1958

OCT 23 1957

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 *James C. Wood*

Licensed Embalmer No. 415

P. O. Address *Bearbig*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.