Health, & Welfare Public - Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002997
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 912

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Bros.Hospital — Length of stay in 1b 72 yrs

d. STREET ADDRESS (If outside, give location) 3727 Bamberger Ave — Reside on Farm Yes [ ] No [X]

216 9

3. NAME OF DECEASED (Type or print) First Henry Middle Herman (Harry H.) Last Grimm

4. DATE OF DEATH Month Day Year Jan. 25, 1959

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]

8. DATE OF BIRTH Sept.20,1886

9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery worker

10b. KIND OF BUSINESS OR INDUSTRY brewery

11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Grimm

13b. MOTHER'S MAIDEN NAME Mathilda Widman

14. NAME OF HUSBAND OR WIFE Mildred Neukum Grimm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 492-05-5775

17. INFORMANT Mrs.Mildred Grimm, Address 3727 Bamberger Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis — Liver — INTERVAL BETWEEN ONSET AND DEATH 2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] .2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION St. Louis, Mo, COUNTY STATE

21. I attended the deceased from 1956, to 1/25/59 and last saw ~~her~~ him alive on 1/24/59
Death occurred at 3:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R Mezera Md. 0

22b. ADDRESS 8059 Watson Rd

22c. DATE SIGNED 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation

23b. DATE Jan.27,1959

23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR BEIDERWIEDEN F.H.INC., ADDRESS 1936 St.Louis Ave

25. DATE RECD. BY LOCAL REG. JAN 27 '59

26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Raymond A. Mezera, M.D.
8059 Watson Rd.
3-5 PM

MAR 9 1959

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 .....Homer H. Fritz.....

Licensed Embalmer No. 3882

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.