P 27

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St Louis — Registration District No. 1123 — File No. 28449

Township Carondelet — Primary Registration District No. 6248E — Registered No. 293

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Samuel E. d. Grigg

(a) Residence. No. Spa St., ... Ward. Sparta Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16-1879

7. AGE: Years 49 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Milling (Flour)
(b) General nature of industry, business, or establishment in which employed (or employer): Hiskin
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

PARENTS

10. NAME OF FATHER: Samuel E. Grigg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Margaret McClelland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

14. INFORMANT (Address): Hospital Records

15. FILED Aug 31 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 30 1928

17. I HEREBY CERTIFY, That I attended deceased from August 5, 1928, to August 30 1928 that I last saw him alive on August 30, 1928, and that death occurred, on the date stated above, at 5:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2.3A

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum

8/31 (Signed) Jeanne Schlenker, M.D.
1928 (Address) 3515 S. Grand Bl. Ill

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sparta Ill — DATE OF BURIAL: Sept 2 1928

20. UNDERTAKER: A. W. McLaughlin — ADDRESS: 1631 Mo Av

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.