

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

Do not use this space.

1. PLACE OF DEATH **MAY 31 1937**

96 County Saint Louis
Township Camden
City Jefferson Barracks (No. VETERAN ADMINISTRATION FACILITY)

Registration District No. 1123
Primary Registration District No. 6242B

File No. 17621
Registered No. 176 Ward

2. FULL NAME John H. GRIGSBY
(a) Residence, No. 706 Rutger Avenue St. 1 Ward. Saint Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 58
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Indiana

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Clinical Clerk M. Schillig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM. DATE 4-27 1937

19. UNDERTAKER C. H. OFFMEISTER U. L. + C.
(ADDRESS) 7814 S. BROADWAY

20. FILED April 26, 1937 A. Maury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 24, 1937
I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:
Meningitis, acute, extension from chr. pachymeningitis

Other contributory causes of importance:
Chr. Otitis media, right

Name of certifier None Date of certification None
What test confirmed diagnosis? Clinical manif. and laboratory Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

COUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

