

S. No. 2
M-5-42
7-5-17-39
X32873

25876

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6884**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County **12**
(c) City or town **St. Louis Mo.** **9 6**
(If outside city or town limits, write "RURAL")
(d) Street No. **3441 N. Union ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Horace H. Grigg**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **12-22-1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Don't Know New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Union Hotel**

MOTHER FATHER { 12. Name **Don't Know**
13. Birthplace **" "** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **" "**
15. Birthplace **" "** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph B Grigg**
(b) Address **725 Brompton Pl Chgo Ill**

17. (a) **Crematory** (b) Date thereof **Aug 17/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Sullivan Bro's**
(b) Address **2849 N. Euclid ave**

19. (a) **AUG 16 1942** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14**, year **1942** hour **12:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 8**, 19 **42** to **August 14**, 19 **42**; that I last saw him alive on **August 14**, 19 **42**; and that death occurred on the date and hour stated above.

Immediate cause of death **Degenerative heart disease**
Generalized arteriosclerosis
Due to _____
Due to _____
Other conditions **Partial thrombosis**
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **C. Alan McFarlane** (M. D. or other) _____
Address **1515 Lafayette Ave.** Date signed **8/14/42**

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Albert Mayfield*
Licensed Embalmer No. *3077*
P. O. Address *St. Louis Mo*

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 this body is not embalmed, fact should be so stated above.