V. S. No. 2
M—11-10-39
ev. 5-17-39
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FILED JAN 15 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41921

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 2821

96 4 3

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town So. Kirkwood Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 334 Electric St (Specify whether
In this community Two Months
years, months or days)

8. (a) PRINT FULL NAME Robert Griggs

8. (b) If veteran, name war.

8. (c) Social Security No. 494-03-2609

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Griggs

6. (c) Age of ~~husband~~ or wife if alive 61 years

7. Birth date of deceased April (Month) 15 (Day) 1883 (Year)

8. AGE: Years 59 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Hickman (City, town, or county) Ky (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Unknown

FATHER
12. Name Anderson Griggs
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)

16. (a) Informant Lula Griggs
(b) Address 334 Electric St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fr. Dickson Cemetery

18. (a) Signature of funeral director Hemphill's Fun. Home
(b) Address 408 S. Filmore, Kirkwood, Mo.

19. (a) JAN 4 - 1943 (Date received by local registrar) (b) C. G. McHaran M.D. (Registrar's signature) S.W.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town So. Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 334 Electric St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

96 4 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1942 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Congestion and edema of lungs, adv.: Hydrothorax;

Due to Passive congestion of kidneys & liver; Fatty degeneration of liver.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

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

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 Louis H. Boffman (M. D. or other)
Address Kirkwood, Mo. 1/2/43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.