

FILED DEC 29 1943 **318**

Registration District No. _____ 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 Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL") 9/18
(d) Street No. 3018 Clark Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME JOHN WESLEY GRIGGS

3. (b) If veteran, name war --- 3. (c) Social Security No. 498-14-3145

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosetta Griggs 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased March 25, 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Dunkin Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Emerson Electric Company

MOTHER FATHER { 12. Name Andrew J. Griggs
13. Birthplace Unavailable Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Crump
15. Birthplace Columbus Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Brisco
(b) Address 1628 Freemont Pl, Knoxville, Tenn

17. (a) Burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) DEC 20 1943 (b) J. F. Brisco
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th
year 1943 hour 1: minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 10th
1943, to Dec. 15th, 1943;
that I last saw him alive on Dec. 15th, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration _____

Due to Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) 85

Major findings: Of operations _____
Of autopsy _____

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) Time 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 W. J. Young (M. D. or other) _____
Address 2316 1/2 Market Street Date signed 12/17/43

STATEMENT BY LICENSED EMBALMER

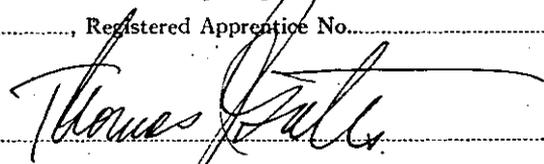
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Avenue.....

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.