

FILED JUL 8 1944
Registration District No. 8

Primary Registration District No. 1003

Registrar's No.

5629

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Jebusa
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Peoples Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether years, months or days) 4 days

8. (a) PRINT FULL NAME CHRISTANA GRIGGS8. (b) If veteran, name war none 8. (c) Social Security No. none4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Joe Griggs 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased May 27 1893
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
51 0 23 hr. min.9. Birthplace Missouri Miss.
(City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business at Home12. Name John Buck13. Birthplace Weston Miss.
(City, town, or county) (State or foreign country)14. Maiden name Weston
(City, town, or county) (State or foreign country)15. Birthplace Weston
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Joe Griggs(b) Address 1014 College Venice Ill.17. (a) Removal (b) Date thereof June 22 44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East Jbusa Ill18. (a) Signature of funeral director J. H. Marshall(b) Address 2205 W. Main East Jbusa Ill19. (a) JUN 21 1944 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Madison
 (c) City or town Venice
 (If outside city or town limits, write "RURAL") NR.
 (d) Street No. 1014 College Ave.
 (If rural, give location) S
 (e) If foreign born, how long in U. S. A. 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1944 hour 4 minute 30 P. M.21. I hereby certify that I attended the deceased from June 14, 1944, to June 19, 1944
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Apoloxia Duration 1 dayDue to Hypertension (a) 2

Due to _____

Other conditions 88
(Include pregnancy within 3 months of death)Major findings: 88 PHYSICIAN _____
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) _____
Means of injury _____23. Signature J. F. Bredenk (M. D. or other) _____Address Jbusa Ill Date signed 6/20

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 Me

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

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. St. Louis, Ill.

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.