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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6395

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1457

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 17

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1724 Nebraska
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruth Grigg Haven

3. (b) If veteran, name war X

3. (c) Social Security No. 499-48-6779

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Halbert

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. 3, 1878 (Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 8 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Bank Clerk

11. Industry or business

FATHER
12. Name Samuel E. Grigg
13. Birthplace not known (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Ann McClelland
15. Birthplace Not known (City, town, or county) New York (State or foreign country)

16. (a) Informant Cora Smith
(b) Address 1724 Nebraska

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Illinois

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) FEB 13 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1947 hour 4 minute 45a M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946, 19..., to Feb 11, 1947, 19..., that I last saw her alive on Feb 10, 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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) 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph O'Carroll (M. D. or other) MD

Address 906 Olive St Date signed 2-12-47

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.