

FILED JUL 3 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 20908
5714

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Park Lane Memorial Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 hours (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Dwight Timothy Griner3. (b) If veteran,
name war ---3. (c) Social Security No. ---4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if
alive --- years7. Birth date of deceased June 23 1948
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 12 hr. --- min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Nihil11. Industry or business ---

MOTHER FATHER { 12. Name James B. Griner
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Phyllis Jean Zaccobria
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant James B. Griner
(b) Address Ferguson, Missouri17. (a) Burial (b) Date thereof 6/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Connersville, Ind.18. (a) Signature of funeral director White Funeral Home(b) Address Ferguson, Mo.19. (a) JUN 25 1948 (Date received local registrar) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Ferguson 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 46 SorvHartnett 2
 (If rural, give location)
NR.
 (e) Citizen of foreign country? --- (Yes or No) 1
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 9 minute 45 P. M.21. I hereby certify that I attended the deceased from June 23
1948 to June 24, 1948
that I last saw him alive on June 24, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Premature

Duration

Due to infantDue 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?

While at work? ---

Specify type of place

(c) Manner of injury ---23. Signature J. F. Brebeck (M. D. or other) ---
Address 3720 Washington Date signed 6/26/48

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 *S. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Berquon, N.Y.*

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.