

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21680**

FILED JUN 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 0317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2428

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Bond</b>	
b. CITY OR TOWN <b>Normandy, Mo.</b>		c. CITY OR TOWN <b>Greenville, Illinois</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>423 W. College Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7332 Burrwood Drive</b>			

3. NAME OF DECEASED (Type or Print) <b>Iuzilla Kenyon Grigg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 12th 1951</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June-8-1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Dr. Wm. Parsons</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hubbard</b>	14. NAME OF HUSBAND OR WIFE <b>Kendall E. Grigg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war of (item of service)) <b>1947</b>	16. SOCIAL SECURITY NO. <b>11</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. Sidney Morgan</b>	ADDRESS <b>1332 Burrwood</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b>		
	DUE TO (c) <b>diabetes mellitus</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>intermittent fever</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>044X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1947, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 7:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Max Naevik M.D.</b>	23b. ADDRESS <b>Greenville Ill</b>	23c. DATE SIGNED <b>6/12th 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 15th 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT ROSE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Greenville Ill</b>
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DATE REC'D BY LOCAL REG. <b>6-14-51</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton</b>	ADDRESS <b>Sows; 7233 Delmar</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Arnold W. Schoene*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

**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.