

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 19
(d) Street No. 4406 McPherson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CHARLES LEIPER GRIGG 620

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lucy E. Grigg. 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased May, 11, 1868.
(Month) (Day) (Year)

8. AGE: Years 71. Months 11. Days 5. If less than one day
hr. _____ min. _____

9. Birthplace Montgomery Co., Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Executive President of

11. Industry or business 7-UP.. Corporation.

12. Name Charles L. Grigg.

13. Birthplace Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Leiper.
(City, town, or county) (State or foreign country)

15. Birthplace Warren County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Grigg.

(b) Address 4406 McPherson Ave.

17. (a) Burial. (b) Date thereof 4/18/1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Bly'd.

19. (a) APR 17 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 13, 1940 to April 16, 1940;
that I last saw him alive on April 16, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to Diabetes mellitus

Due to arteriosclerosis

Due to blindness

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

Major findings: _____
Of operations _____

Of autopsy as above

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) (e) Means of injury _____

23. Signature M. Anderson (M. D. or other) _____

Address BARNES HOSPITAL Date signed 4-16-40

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

MOTHER FATHER

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 Clarence H. Murray -

Licensed Embalmer No. 4011

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, above space should be left blank.