DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26894

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6730

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Saint Mary's Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3315 LaSalle Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew Griggs

3. (b) If veteran, name war ------

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Phoebe Griggs

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 28, 1888 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Sunflower County (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Maintainance

11. Industry or business Manhattan Real Estate Co.

FATHER
12. Name Andrew Griggs
13. Birthplace Wheeling (City, town, or county) West Virginia (State or foreign country)

MOTHER
14. Maiden name Mattie Crump
15. Birthplace Columbus (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant's own signature Phoebe Griggs

(b) Address 3315 La Salle Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. G. Gates

(b) Address 4107 Finney Avenue

19. (a) AUG 10 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Infection of Right Knee Aortic Stenosis and Cardiac Hypertrophy, suffered when deceased fell over brick walk at home at 3427 LaSalle Street about 3.00 P.M., July 12, 1940. ACCIDENT

Due to

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) accident

(b) Date of occurrence 7/12/1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1300 Clark Avenue Date signed 8/7/1940

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19511

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.