

FILED JUN 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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: **MISSOURI PACIFIC HOSPITAL**
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution **2.5 yrs** (Specify whether years, months or days)

In this community **2.5 yrs**

3. (a) PRINT FULL NAME: **OSCAR GRIGGS**

3. (b) If veteran, name war: **No**

3. (c) Social Security number: **49-127-703**

4. Sex: **MALE** 5. Color: **COLO**

6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive _____ year (Day) (Year)

7. Birth date of deceased: **5 8 1901**
(Month) (Day) (Year)

8. AGE: Years **45** Months **0** Days **24** If less than one day hr. min.

9. Birthplace: **Meridian Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation: **LABORER**

MOTHER FATHER

11. Industry or business: _____

12. Name: **HENRY GRIGGS**

13. Birthplace: **Miss**
(City, town, or county) (State or foreign country)

14. Maiden name: **ANNIE ADKINSON**
(City, town, or county) (State or foreign country)

15. Birthplace: **MISS**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Laura Young**

(b) Address: **3012 Lueders**

17. (a) **REMOVED** (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Meridian Miss**

18. (a) Signature of funeral director: **Samuel Love**

(b) Address: **3103 Washington**

19. (a) **JUN 7 1946** (b) **J. F. Berbeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MO** (b) County: **ST. LOUIS**

(c) City or town: **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No.: **809 N. GARRISON AVE**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**.
year **1946** hour **9** minute **35** P. M.

21. I hereby certify that I attended the deceased from **May 8**, 19**46** to **June 2**, 19**46**.
that I last saw him alive on **June 2**, 19**46**.
and that death occurred on the date and hour stated above.

Immediate cause of death: **Tuberculous meningitis** Duration **3 da.**

Due to: **Bacterized tuberculosis** **7 mo +**

Due to: _____

Other conditions: **Syphilis** **?**
(Include pregnancy within 6 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)

(e) Means of injury: **Q**

23. Signature: **James A. Blawieck** (M. D. or other) **M.D.**
Address: **Mo Pacific Hosp** Date signed: **6-2-46**

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. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alden

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.