

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40258**
Registrar's No. **10864**

No. 300
10.48

FILED DEC 12 1952
79824

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|-------------------------------|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 2 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | d. STREET ADDRESS (If rural, give location) 21 2640 Lucas | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wanda | | b. (Middle) Ellen | |
| c. (Last) Griggs | | 4. DATE OF DEATH (Month) (Day) (Year) 10 31 52 | |
| 5. SEX Fem. | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (1) | 8. DATE OF BIRTH 10-29-52 |
| 9. AGE (In years last birthday) 2 | | 10. MONTHS 2 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Missouri (1) | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME James Griggs | | 13b. MOTHER'S MAIDEN NAME Izella Tyson | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mary D. Jett ADDRESS 2601 N. Whittier | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| 19a. DATE OF OPERATION | | | |
| 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR 776X | | | |
| 22. I hereby certify that I attended the deceased from 10-29-19 52 to 10-31- , 1952, that I last saw the deceased alive on 10-31- , 1952, and that death occurred at 3:40 Pm. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE M. D. (Degree or title) | | 23b. ADDRESS 2601 N. Whittier | |
| 23c. DATE SIGNED 11-10-52 | | 24a. BIRTHAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE 11-19-52 | | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Road | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 1104 Manchester Ave. | |
| DATE REC'D BY LOCAL REG. NOV 26 1952 | | REGISTRAR'S SIGNATURE Charles Smith md | |

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.