

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15739

State File No.

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3944

| | | | | | | |
|---|----------------------------------|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>15 months</u> | | c. CITY OR TOWN <u>St. Louis</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u> | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>Albert</u> c. (Last) <u>Griggs, Jr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1953</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Jan. 4, 1952</u> | 9. AGE (In years last birthday) <u>1</u> <u>3</u> <u>6</u> Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | | | | |
| 13a. FATHER'S NAME <u>Howard Albert Griggs, Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ardene Newburn</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ardene N. Griggs 2800 Franklin</u> | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Methyl Salicylate Poisoning</u> which he drank after finding it while playing in his house on April 9, 1953 DUE TO (b) <u>about 600 pm</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>ooo Accident</u> | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u> | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 9 53 6⁰⁰</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>E8720</u> | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:51</u> p.m., from the causes and on the date stated above. <u>14</u> | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Patrick E. Taylor Coroner 3</u> | | | 22b. ADDRESS <u>1300 Clark</u> | | 22c. DATE SIGNED <u>4.15.53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 17, '53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u> | | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>APR 15 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. J. Nash 3847 Page</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *C. L. Nash*

Licensed Embalmer No. *343*
P. O. Address *3849 Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.