

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 36481

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2438

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton Mo.		c. CITY OR TOWN Kirkwood d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 145 Saratoga St.	

3. NAME OF DECEASED (Type of Print) a. (First) Bennett b. (Middle) Arvell c. (Last) Griggs			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1956		
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5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 7, 1909		9. AGE (In years last birthday) Months Days 47 9 8		IF UNDER 1 YEAR Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cab driver			10b. KIND OF BUSINESS OR INDUSTRY Driver			11. BIRTHPLACE (City and State or Foreign Country) Hickman Ky.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Robert Griggs			13b. MOTHER'S MAIDEN NAME Lula Bennett			14. NAME OF HUSBAND OR WIFE Christine Griggs		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2		16. SOCIAL SECURITY NO. 499-01-3205		17. INFORMANT'S SIGNATURE OR NAME Christine Griggs		ADDRESS 145 Saratoga St	
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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) Myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input type="checkbox"/>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **9-26-1956** to **10-14-1956** that I last saw the deceased alive on **10-14-1956**, and that death occurred at **11:30P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph B. Ernst M.D.			23b. ADDRESS 601 S. Brentwood, Clayton 5 Mo.			23c. DATE SIGNED 10/15/56		
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24a. BURIAL OR CREMATION (Specify) Burial		24b. DATE Oct. 19, 56		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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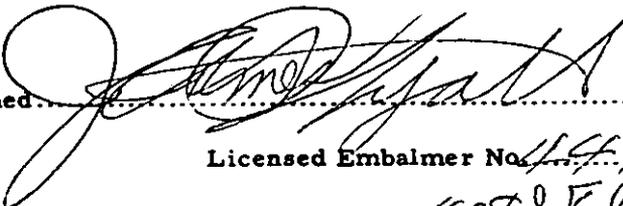
DATE REC'D BY LOCAL REG. 10-19-56		REGISTRAR'S SIGNATURE Herbert A. Douke MD		25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill		ADDRESS 408 S. Fillmore Ave	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 
Licensed Embalmer No. 447
P. O. Address 408 S. F. L.

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.