CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5126
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1771

(c) City ST LOUIS (d) Street No. CITY SANITARIUM St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME IRENE G. GRIFFIN. 615

(a) Residence, No. 7352 FORSYTHE BLVD. St. N.R. University City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
FEMALE	WHITE	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30. 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43.	2	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME DANIEL GRIFFIN.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER

15. MAIDEN NAME MARY. L. McNARY.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT WILLIAM J. GRIFFIN
(ADDRESS) 7352 FORSYTHE BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY. DATE FEB 21, 1938

19. FUNERAL DIRECTOR LAWRENCE MULLEN
(ADDRESS) 5165 DELMAR BLVD.

20. FILED FEB 19 1938 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Fracture of first lumbar vertebrae.
Paraphlegia as a result of a fall from the roof of the Edgewood Nursing Home, Pine Lawn, Missouri. December 14, 1937, about 6:45 A.M.
ACCIDENT.

Date of Notice

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/14, 1937

Where did injury occur? Pine Lawn, Missouri.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Nursing home

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Alfred J. Perry M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)