.643
. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37442

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9715

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis 19
(If outside city or town limits write "RURAL")

(d) Street No. 3819 A.Olive St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maggie Griffin

3. (b) If veteran, name war ********

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 53 Months Days If less than one day hr. min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business W.P.A.

FATHER
12. Name Calvin Griffin
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rilda Stallions
15. Birthplace Noeth Carolina (City, town, or county) (State or foreign country)

16. (a) Informant James Griffin
(b) Address 1804 Wash St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) NOV 27 1940 (Date received local registrar) (b) J. F. Rosebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26, year 1940 hour 5:35 minute A. M.

21. I hereby certify that I attended the deceased from November 25, 1940, to November 26, 1940; that I last saw her alive on November 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	24 hrs
Due to: Hypertension	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Roger W. Howell (M. D. or other)
Address 1515 Lafayette Ave. Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision..

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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

If this body is not embalmed, above space should be left blank.