

S. No. 2
M-9-4-41
v. 5-17-39
WI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41920

State File No.

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2554

1. PLACE OF DEATH:

(a) County... St. Louis County

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

(c) Name of hospital or institution:
St. Vincent's Sanitarium - Le
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 days
(Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... 0

(c) City or town... WELLSTON, MO.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME... MRS HENRIETTA RIFFIN

3. (b) If veteran, name war... NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1942 hour 7 minute 38 P.M.

21. I hereby certify that I attended the deceased from

4. Sex... FEMALE 5. Color or race... WHITE

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

6. (b) Name of husband or wife... JAMES GRIFFIN

6. (c) Age of husband or wife if alive... 1872 years

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

that I last saw her alive on Dec 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death... Hypertension of arteriosclerosis heart disease terminal uremia

Due to... 93d

8. AGE: Years Months Days If less than one day

ABOUT 70 hr. min.

Due to... 93d

Other conditions... Uremia Hypertensive
(Include pregnancy within 3 months of death)

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

10. Usual occupation... HOUSE WORK

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name... UNKNOWN

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

14. Maiden name... UNKNOWN

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

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?

16. (a) Informant... Sister Margaret

(b) Address... Wellston Mo.

17. (a) REMOVAL (b) Date thereof... 12-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... LA SALLE, ILL.

18. (a) Signature of funeral director... Walter Kelly

(b) Address... 7267 North Bridge

19. (a) DEC 7 - 1942 (b) C. J. McQuinn
(Date received local registrar) (Registrar's signature)

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

23. Signature... W. Langford (M. D. or other)

Address... 5102 Collins Date signed 12-5-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
0
0

709 (Licensed Embalmer's Statement on Reverse Side)

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

Clement McNeary

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.