

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5082 Milentz Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sarah Lenora Griffies

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 widow

6. (b) Name of husband or wife Wm. Hy. Griffiths 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 12, 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name J. M. B. Kelly

13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gilbert

15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Close,

(b) Address 5082 Milentz Avenue

17. (a) removal (Burial, cremation, or removal) (b) Date thereof. 7/28/43
(Month) (Day) (Year)

(c) Place: burial or cremation Tyler, Texas

18. (a) Signature of funeral director Robert L. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) July 29 1943 (Date received from registrar) J. J. Bensch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5082 Milentz Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/30, 1943, to 7/28/43, 19____;
that I last saw him alive on 7/27/43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis & pulmonary edema
Due to arterio-sclerosis
Duration Yes (36 hrs)

Other conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death) 8 mo

Major findings:
Of operations _____
Of autopsy _____
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? _____

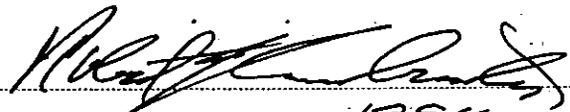
While at work _____ (Specify type of place)
(b) Means of injury _____
23. Signature Victor L. Gould (M. D. 7355)
Address 2813a Watson Rd. Date signed 7/28/43

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

MOTHER FATHER

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..... 
..... Licensed Embalmer No. 1994
..... P. O. Address.....

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.