

Registration District No. 318 Primary Registration District No. 1003

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:  
8308 Minnesota Avenue  
 (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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8308 Minnesota Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY FRANCES GRIFF  
 (b) If veteran, name war No  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 12th  
 year 1943 hour 7 minute 55 A. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widowed  
 (b) Name of husband or wife Ferdinand Griff  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 1st 1860  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1, 1942 to Nov. 12, 1943  
 that I last saw him alive on 11/12, 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 6 11 hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerosis  
Fibrillation  
In terminal state  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation At Home

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Unknown Mues  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant George Griff--Son  
 (b) Address 8308 Minnesota Avenue

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)

17. (a) burial (b) Date thereof 11 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.  
 (b) Address 7814 South Broadway, St. Louis, Mo.

23. Signature Walter S. Tub (M. D.)  
 Address 7110 Michigan Date signed 11/15/43

19. (a) NOV 12 (b) J. J. Mueck  
 (Date received local registrar) (Registrar's signature)

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.....

*Louis C. Hoffmeister*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7414 S. Broadway*.....

**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.**