

FILED APR 1 1944 18

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (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, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3951 N. 11th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Griffey

3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife August D. Griffey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 11 21 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Thoma

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

14. Maiden name Lulu Prince

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

16. (a) Informant August D. Griffey

(b) Address 3951 N. 11th St.

17. (a) Burial (b) Date thereof 3/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
Lake Charles Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 27 1944 (Date received local registrar) J. F. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 5.10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 19, 1944 to March 23, 1944
that I last saw him alive on March 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Sepsis Duration 3-19-44

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of injury) _____

23. Signature Kenneth H. Lyons (M.D. or other) M.D.
Address 3807 N. Grand Blvd. Date signed 3-26-44

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.....

Flora Eymck

Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo.

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.