V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 31919

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8972

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo.-3 da. (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4309 Maryland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----------

3. (a) PRINT FULL NAME Ella Griffin

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles E. Griffin

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

7. Birth date of deceased April (Month) 21st (Day) 1889 (Year)

8. AGE: Years 56 | Months 5 | Days 25 | If less than one day ---- hr. ---- min.

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

10. Usual occupation Nurse

11. Industry or business Park Lane Mem. Hospital

FATHER
12. Name William McDonald
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sally Williams
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. Everett Lane
(b) Address East St. Louis, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director John Kassly
(b) Address East St. Louis, Illinois

19. (a) OCT 17 1945 (Date [illegible] local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1945 hour 8:00pm minute ----- M.

21. I hereby certify that I attended the deceased from 7-15, 1945 to 10-16, 1945; that I last saw her alive on 10-16-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cervical Carcinoma	?
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)
Address 4930 Kindell Blvd Date signed 10/17/45

(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.

Not Embalmed

Signed John J Kassly

Licensed Embalmer No. 6855 Ill

P. O. Address East St Louis, Ill

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.