

S. No. 2
 DM-2-43
 v. 5-17-39
 P-1 X3567

DEPARTMENT OF COMMERCE
 BUREAU OF HEALTH INSURANCE
 12 1946 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 21786
 Registrar's No. 5898

Registration District No. 318 Primary Registration District No. 1003

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 73 days
(Specify whether
 In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4227 E Aldine
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Griffin
 3. (b) If veteran, name war --
 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 30
 year 1946 hour 5 minute 50 A. M.

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

21. I hereby certify that I attended the deceased from 4-7- 1946 to 6-30 1946;
 that I last saw h. er. alive on June 30 1946;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 25 1904
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
42 4 5 hr. min.

Immediate cause of death: Hypertensive Heart Disease with
Decompensation Duration 14 weeks
History

9. Birthplace Lawrenceville Ill.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to _____
 Due to _____
 Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death) Unk

11. Industry or business --
 MOTHER FATHER }
 12. Name John Meeks
 13. Birthplace Lawrenceville Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Viola Portee
 15. Birthplace Lawrenceville Ill.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy No
 Underline the cause to which death should be charged statistically.

16. (a) Informant Bernice Creswell
 (b) Address 710 1/2 N. 12th, Richmond, Ind
 17. (a) Removal (b) Date thereof 7-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lawrenceville, Ill.

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) (e) Means of injury

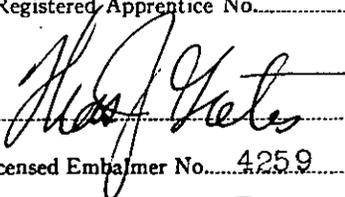
18. (a) Signature of funeral director Chas. J. Gates
 (b) Address 4107 Piney Ave.
 19. (a) Jul 3 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature E. B. Williams (M. D. or other) _____
 Address 2601 N Whittier Date signed 7/1/46

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.....

.....Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....4259.....

P. O. Address.....4107 Finney Ave......

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.