

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34851**

FILED NOV 5 1947-9
Registration District No. **159**

Primary Registration District No. **4249**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Hillsboro**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Edac Grove Nursing Home 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mo.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **2711 January Ave.**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Emily Griffin**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow 2**

6. (b) Name of husband or wife **Late Arthur** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 25 1860**
(Month) (Day) (Year)

8. AGE: Years **87** Months **2** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business ~~Richard Pugh~~

12. Name **Richard Pugh**

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

14. Maiden name **Elizabeth Ann Taylor**

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

16. (a) Informant **Emily Rivers**

(b) Address **2711 January Ave.**

17. (a) **Burial** (b) Date thereof **9 27 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 So. Kingshighway Bl.**

19. (a) **9-25-47** (b) **Kathleen Marsden**
(Date received local registrar) (Registrar's signature) **14**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24**
year **1947** hour **2** minute **55** P.M.

21. I hereby certify that I attended the deceased from **August 5,** 1947 to **Sept 24,** 1947.
that I last saw her alive on **Sept 24,** 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach**
Duration **?**

Due to _____
Due to _____

Other conditions **Senility & mental deterioration.** **10 1/2 years**
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy **76 B**
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? **5**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Thomas A. Donnell** (M. D. or other) **M.D.**
Address **Delato, Mo.** Date signed **9-24-47**

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

MOTHER FATHER

District Health Officer No. 9,
District File Number: NOV 3 1947
Date Filed

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 *Richard W. Stovesand*

Licensed Embalmer No. 4007

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.