

FILED FEB 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6261
1349 Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 709 N. Leffingwell Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Griffin			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1950		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Dec. 25, 1887			9. AGE (In years last birthday) 62		10. MONTHS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY Kessler Fur Co.		11. BIRTHPLACE (State or foreign country) Floral, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Charles A. Griffin		13b. MOTHER'S MAIDEN NAME Mary ?		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-03-2568		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ollie Lewis 4018 Enright Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION - undetermined			INTERVAL BETWEEN ONSET AND DEATH Undet.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Sarcoma, reticulum cell (Primary site)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Metastases to Spleen, Liver, Pancreas and Kidney			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1998		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-4, 19 50, to 2-6, 19 50, that I last saw the deceased alive on 2-6, 19 50, and that death occurred at 7:45 pm., from the causes and on the date stated above.

23a. SIGNATURE James J. Hedrick		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son		ADDRESS 3133 Bell Ave.	
DATE REC'D BY LOCAL REG. Feb 10 1950		REGISTRAR'S SIGNATURE J. B. Foster			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed *S. J. Watson*

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.