

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18828

BIRTH NO. 116.30-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 476

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> <u>4311</u>		d. STREET ADDRESS (If rural, give location) <u>6208 Suburban</u> <u>1</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>BOY</u> c. (Last) <u>GRIFFIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>18</u> <u>51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>2/17/51</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>Leonard Griffin</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Fee</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Griffin</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b)				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>17 2</u>			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) <u>776X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>2-17-</u> , 19 <u>51</u> , to <u>2-18-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-18-</u> , 19 <u>51</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. J. Wohltmann</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>St. Louis County Hosp.</u>		23c. DATE SIGNED <u>2/18/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	24b. DATE <u>2-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>6800 Arsenal - St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-20-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis Co. Hospital Clayton Mo</u>		

Licensed Embalmer's Statement on Reverse Side

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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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.