

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35970

FILED OCT 23 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3308

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>--</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>25 St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>6</u>		d. STREET ADDRESS (If rural, give location) <u>913 No. 17th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Obrin</u>	b. (Middle) <u>Griswold</u>	c. (Last) <u>Griswold</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>separated</u>	8. DATE OF BIRTH <u>3-15-21</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service station attend.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tiller, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Turp Griswold</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Riney</u>	14. NAME OF HUSBAND OR WIFE <u>Future Scott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W.II Army</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Koch Hospital records</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs??</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thoracoplasty</u> DUE TO (c) <u>Pulmonary Tuberculosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>002X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-21-51, 1951, to 9-27-51 1951; that I last saw the deceased alive on 9-27-51, 1951, and that death occurred at 10:10 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter P. Klippel</u>	23b. ADDRESS <u>M.D. Robert Koch Hospital</u>	23c. DATE SIGNED <u>9-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 3 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Brks, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-2-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lombeck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u>	ADDRESS <u>3133 Bell Avenue</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J J Watson
Licensed Embalmer No. *2698*

P. O. Address *2769 Chatham*

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.