

## STANDARD CERTIFICATE OF DEATH

26741

State File No. 2030

FILED AUG 1 1952

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2030	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. LENGTH OF STAY (in this place) 225 days		c. CITY (If outside corporate limits, write RURAL and give township) Lemay		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Sanatorium				d. STREET ADDRESS (If rural, give location) 9101 So. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) E.		c. (Last) Griffin		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH March 28, 1880	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 14 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles D. Hart			13b. MOTHER'S MAIDEN NAME Amanda Walls			14. NAME OF HUSBAND OR WIFE Unavailable	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sanatorium Records			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Perforation of Intestine (Post-operative death) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis 40				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Perforation of Ileum by chicken bone 400				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) 9239A			
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 12-13 1951, to 7-28, 1952, that I last saw the deceased alive on 7-28, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Paul Ramsey				23b. ADDRESS 508 N Grand		23c. DATE SIGNED 7-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-29-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 7-29-52		REGISTRAR'S SIGNATURE Herbert J. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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.....

*John J. Harris*

Licensed Embalmer No. ....

4108

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.