

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30249

State File No. \_\_\_\_\_

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2137

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2021 - N - Warsaw Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Edward</u> c. (Last) <u>Griffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10, 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan 22, 1940</u>		9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School - Boy</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>William Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Violet Tragle</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Griffin</u> ADDRESS <u>2021 - N - Warsaw Road</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Increased Intracranial Pressure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebellar Hematoma + Internal Hydrocephalus</u> DUE TO (c) <u>Head Injury + Cerebral Concussion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Simple Fracture of Right Femur</u>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>7-13</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebellar Hematoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lindberg Blvd.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 11, 1952 4:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by car</u>	
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22. I hereby certify that I attended the deceased from 6-11-, 1952 to 8-10-, 1952, that I last saw the deceased alive on 8-10-, 1952 and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Throckmold</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>8-11-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pattersonville, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-12-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donnell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blairman</u> ADDRESS <u>Overland, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

75619 2106

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Me

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.