

STANDARD CERTIFICATE OF DEATH

State File No. **41011**

NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2946

1005  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RICHMOND HEIGHTS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>	
c. LENGTH OF STAY (In this place) <b>6 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>7414 Somerset Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>PURDY GRIEFIELD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15, 1952</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
8. DATE OF BIRTH <b>June 28, 1889</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>17</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Harry Griefield</b>		13b. MOTHER'S MAIDEN NAME <b>Veronica Callahan</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>not known</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Ethel Griefield, 7414 Somerset Drive</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the ovary</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
		ANTECEDENT CAUSES 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.			<b>175X</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the ovary with metastases</b>			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 the about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 9-29, 1952, to 11-15, 1952, that I last saw the deceased alive on 11-15-52, 1952, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>James P. Murphy, M.D.</b>			23b. ADDRESS <b>607 N. Grand St. Louis 3 Mo.</b>		23c. DATE SIGNED <b>11-15-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Nov. 18, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>11-17-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Drake, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell</b>	
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Exham Marf. Co.  
9th Floor  
University Club Bldg

OCT 1 1957

**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 Wm. S. DeGroot

Licensed Embalmer No. 4699

P. O. Address St. Charles, Mo.

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.