

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			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) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonville</u>		<u>4060</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>St. Charles &amp; Fee Fee Rds.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noble</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Griffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 29, 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ordained Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Presbyterian</u>	11. BIRTHPLACE (State or foreign country) <u>Xenia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Griffin</u>		13b. MOTHER'S MAIDEN NAME <u>Miriam Jane Rankin</u>		14. NAME OF HUSBAND OR WIFE <u>Della M. Griffin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della M. Griffin Pattonville, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>Heart arteriosclerosis</u>  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		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>4201</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>6/12, 1954</u> to <u>6/21, 1954</u> , that I last saw the deceased alive on <u>6/21, 1954</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lin J. Dean</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>35 Central - 5 -</u>		23c. DATE SIGNED <u>6/24/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Xenia, Ill. via Motor</u>
DATE REC'D BY LOCAL REG. <u>JUN 23 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>2504 Woodson Rd Overland, Mo.</u>	

(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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Conland 14<sup>c</sup>

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.