

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32662

State File No.

FILED SEP 16 1954

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 500 Registrar's No. 2011

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 OR TOWN ROBERTSON		c. CITY OR TOWN ROBERTSON	
c. LENGTH OF STAY (in this place) 1 month		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PORTER'S NURSING HOME		STREET ADDRESS (If rural, give location) Box 642, Rt. 2 PORTER'S NURSING HOME	

3. NAME OF DECEASED (Type or Print) Lillian Griffith			4. DATE OF DEATH 8 16 54		
a. (First) Lillian			b. (Middle)		
c. (Last) Griffith			5. SEX FEMALE		
6. COLOR OR RACE NEGRO			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		
8. DATE OF BIRTH DEC. 24, 1876			9. AGE (in years last birthday) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		
11. BIRTHPLACE (City and State or Foreign Country) BROWNSVILLE, TENNESSEE			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME EDWARD TAYLOR		13b. MOTHER'S MAIDEN NAME ELVINA TAYLOR		14. NAME OF HUSBAND OR WIFE JOHN GRIFFITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JOSEPHINE PORTER, RT. 2, Box 642	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma toxic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c)		
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 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)	
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 7-23, 1954, to 8-4, 1954, that I last saw the deceased alive on 8-4, 1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Walter P. Katten M.D.		(Degree or title)		23b. ADDRESS 601 Brentwood Blvd. Clayton	
23c. DATE SIGNED 8-19-54		24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 8-20-1954	
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.			

DATE REC'D BY LOCAL REG. OFF. 8/19/54		REGISTRAR'S SIGNATURE Robert S. Tompkins		25. FUNERAL DIRECTOR'S SIGNATURE CHARLES J. GATES	
				ADDRESS 4107 FINNEY AVENUE	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

4000
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Arthur L. Hill*

Licensed Embalmer No. 422

P. O. Address 41077

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.