

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39512
Registrar's No. 2614

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543

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) Jennings		c. CITY OR TOWN Jennings	
c. LENGTH OF STAY (In this place) 1 Year		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Coleridge Drive		e. STREET ADDRESS (If rural, give location) 2016 Coleridge Drive,	

3. NAME OF DECEASED (Type or Print)	a. (First) Herbert	b. (Middle) S.	c. (Last) Griffin,	4. DATE OF DEATH (Month) (Day) (Year) 11, 9, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12, 21, 1873	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HRS. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - 4415	10b. KIND OF BUSINESS OR INDUSTRY Electrician	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Griffin	13b. MOTHER'S MAIDEN NAME Amanda Brown	14. NAME OF HUSBAND OR WIFE Mrs. Mary Griffin, (Deceased)
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Doris F. Ronsick, 2061 Coleridge Dr.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardium		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Sclerosis		
11. OTHER SIGNIFICANT CONDITIONS Gen. arterio Sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Feb 1, 1953, to Nov 9, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Piesinger	(Degree or title) M.D.	23b. ADDRESS 6000 W. Flourissant	23c. DATE SIGNED Nov 10, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-13-1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. 11/11/54	REGISTRAR'S SIGNATURE Herbert R. Ronsick	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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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.....
Signature of Student Embalmer

Signed *Herford G Burnley*.....
Licensed Embalmer No. *420*.....

P. O. Address *St. Louis*.....

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.