No. 300
10-48

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24798

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54[illegible] Registrar's No. 1533

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

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 36 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Glenwood Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 5431 Rhodes

3. NAME OF DECEASED (Type or Print)
a. (First): Elsa
b. (Middle):
c. (Last): Griot

4. DATE OF DEATH (Month) (Day) (Year): July 3 1955

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Yes
8. DATE OF BIRTH: 7/23/83
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William Lutz
13b. MOTHER'S MAIDEN NAME: Augusta Keller
14. NAME OF HUSBAND OR WIFE: Anton Griot

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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Anton Griot Sr. 5431 Rhodes

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH: 11 Mo.

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.

19a. DATE OF OPERATION: Aug. 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma far advanced 153X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/28, 1955, *to* 7/3, 1955, *that I last saw the deceased alive on* 7/3, 1955, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Bergmann MD
23b. ADDRESS: Glenwood Sanitarium
23c. DATE SIGNED: 7/4/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/55
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): Affton Mo

DATE REC'D BY LOCAL REG.: 7/5/55
REGISTRAR'S SIGNATURE: Herbert R. Hanke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J L Ziegenheih & Sons 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 702 7 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.