

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045724
STATE FILE NUMBER
12606

318

1003

t. Health,
& Welfare
S. Public
Health Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|-------------------------------|---|--|---|--|
| Registration District No. <u>318</u> | | Primary Registration District No. <u>1003</u> | | Registration No. <u>58-045724-12606</u> | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | | c. CITY OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> | | | Length of stay in lb <u>27-days</u> | | d. STREET ADDRESS (If outside, give location) <u>6263 Nottingham Ave.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>M.</u> Last <u>Griefield</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>27</u> Year <u>1958</u> | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 5, 1892</u> | | 9. AGE (In years last birthday) <u>66</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>St. Louis Univ. Typing</u> | | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13. FATHER'S NAME <u>Harry Griefield</u> | | | 14. MOTHER'S MAIDEN NAME <u>Veronica Callahan</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. Marie Amick, 122 E. Drake, Webster</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> <u>Groves.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>332x</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour <u>3:15</u> Month <u>12</u> Day <u>15</u> Year <u>1958</u> a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>12-1-58</u> to <u>12-27-58</u> and last saw ^(her) <u>alive</u> on <u>12-27-58</u> Death occurred at <u>3:15 pm.</u> m on the date stated above; and to the best of my knowledge, from the causes stated | | | | | |
| 22a. SIGNATURE (Degree or title) <u>William W Farley Sr</u> | | | 22b. ADDRESS <u>3108 S. Grand</u> | | 22c. DATE SIGNED <u>12-29-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec. 30th., 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Arthur J. Normelly</u> ADDRESS <u>3840 Lindell Blvd.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>DEC 29 '58</u> | | 26. REGISTRAR'S SIGNATURE <u>Paul Smith</u> <u>m & b</u> |

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 1959

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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 *Wm S. Laper*

Licensed Embalmer No. *46*

P. O. Address *3240*

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.