

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

352261-015181 STATE FILE NUMBER

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 352261

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

FILED APR 24 1961

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1814 Shenandoah				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Harry Middle C. Last Griffin						4. DATE OF DEATH Month 4 Day 12 Year 61							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/14/85		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer				10b. KIND OF BUSINESS OR INDUSTRY printing				11. BIRTHPLACE (City and state or country) Quincy Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Barry Griffin				13b. MOTHER'S MAIDEN NAME Emma Carothers				14. NAME OF HUSBAND OR WIFE Mabel					
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.		17. INFORMANT Address Mabel Griffin 1814 Shenandoah							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart failure DUE TO (b) atherosclerotic heart disease DUE TO (c) perforation of duodenal ulcer with peritonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200										INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Month, Day, Year 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 3/15/61 to 4/12/61 and last saw ^{him} alive on 4/12/61 Death occurred at 11:45p on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James Haggis, M.D.						22b. ADDRESS 1515 Lafayette Ave.			22c. DATE SIGNED 4/12/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-15-1961		23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis County Mo.					
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen Av					25. DATE RECD. BY LOCAL REG. APR 14 1961		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Halley F. Jaella Jr
Licensed Embalmer No. 4950
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.