

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014181

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 880

FILED APR 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

14005

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9 420.1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>4237 WYOMING</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>F</u> Last <u>GRIOT</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 5 1884</u>
9. AGE (last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BARBER</u>	11. BIRTHPLACE (City and state or country) <u>WATERLOO ILL</u>	12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>
13a. FATHER'S NAME <u>JOHN GRIOT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KAUFMANN</u>	
14. NAME OF HUSBAND OR WIFE <u>ELLA GRIOT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
<u>NO</u>		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT <u>ELLA GRIOT</u>		Address <u>4237 WYOMING</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> CORONARY ARTERY SCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>420.1</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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			
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>March 1962</u> to <u>March 1963</u> and last saw him alive on <u>3/8/63</u> Death occurred at <u>3 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>M. Cecelia Reichert M.D.</u>		22b. ADDRESS <u>16 Hampton Village Rd</u>	22c. DATE SIGNED <u>3/11/63</u>
23a. BURIAL, CREMATION, (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Funeral</u>	<u>MARCH 13, 1963</u>	<u>NEW ST. MARCUS CEM.</u>	<u>ST. LOUIS MO.</u>
24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Chavois</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>

*Dr Cecilia Reedmont
Hampden Station*

PX 2 8349

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 *Cody Thompson*
Licensed Embalmer No. 4861

P. O. Address *St. Louis 19, Mo.*

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.