

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39443  
Do not use this space.  
10430

1. PLACE OF DEATH MEC 13 1937  
 (a) County MEC 13 1937 Registration District No. 791 / 1008  
 (b) Township..... Primary Registration District No. .... Registered No. 10430  
 (c) City..... (d) Street No. HOMER A. PHILLIPS HOSPITAL St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 49 yrs. 6 mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME IRENE GRIFFIN LEE  
 (a) Residence, No. 2603 DEANER DIVD. St. 27  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOE LEE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 49 6 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MISSOURI

FATHER 13. NAME EDWARD GRIFFIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ACQUINT LOUISIANA

MOTHER 15. MAIDEN NAME DETTIE HUDSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NABIEV. MISSOURI

17. INFORMANT (ADDRESS) Beckett Phillips 3432 Easton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE FATHER PICKSON DATE Nov-10 1937

19. FUNERAL DIRECTOR (ADDRESS) LOVE UNDERTAKER CO. 3103 WASHINGTON Blvd.

20. NOV 9 1937 J. S. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/37 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy; Haemorrhage of Brain.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify..... (Signed) Joseph M. Dwyer, M.D.

(Address) 1 Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, R. C. Houstra, Licensed Embalmer No. 2266

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond

Goshke

L. E.

No. 3956 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed R. C. Houstra

Licensed Embalmer No. 2266

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.)