

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

**44325**  
Do not use this space.

**JAN 5 1939**

**1. PLACE OF DEATH**

(a) County St. Charles 3 Registration District No. 257  
 (b) Township St. Charles 1 Primary Registration District No. 3036  
 (c) City St. Charles 1 (d) Street No. Cornwall Home 209 1/2 St. St. Charles  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 615 Mrs. Ellen Griffin  
 (a) Residence, No. St. Charles St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Wm Griffin

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 2, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>82</u>	<u>8</u>	<u>0</u>	<u>0</u>	

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** none  
**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)** Paris Canada

**FATHER**

**13. NAME** unknown  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** unknown

**MOTHER**

**15. MAIDEN NAME** unknown  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** unknown

**17. INFORMANT (ADDRESS)** Mrs E. J. Marsh 6025 Waterman Ave St Louis

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Calvary Cem **DATE** Dec 19th 1938

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** St. Charles Mortuary 12/17 1938

**20. FILED** 12/17 1938 St. Charles, Mo. Local Registrar, A 679

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec 17th 1938

**22. I HEREBY CERTIFY, That I attended deceased from** December 13, 1938 to December 13, 1938  
 I last saw her alive on December 13, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
Essential hypertension + Coronary Disease  
Cardio Degeneration

**Date of onset** 9/5/38

**Other contributory causes of importance:**

**Name of operation** None **Date of**  
**What test confirmed diagnosis?** None **Was there an autopsy?**

**23. If death was due to external causes (violence), fill in also the following:**  
**Accident, suicide, or homicide?** None **Date of injury**, 19...  
**Where did injury occur?** None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**Manner of injury** None  
**Nature of injury** None

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so specify:  
 (Signed) Laudon M. Lusk, M. D.  
 (Address) St. Charles, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**