

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 12 1939

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

8224
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. Missouri Baptist Hospital
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 615 Mattie M. Griffin

(a) Residence, No. St. NR Rush Tower, Mo.
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Rush Tower, Mo.

FATHER
13. NAME Joseph Griffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

MOTHER
15. MAIDEN NAME Elizabeth Fight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Tower, Mo.

17. INFORMANT James H. Griffin
(ADDRESS) Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rush Tower, Mo. DATE March 3 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington, Blvd.

20. FILED MAR 2 1939 J. T. Brudick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939, to _____, 19____
I last saw her alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia
Undersigned saw pt. only after arrival at hosp. in coma on aft. of Feb 27, 1939. Previous treatment by Dr. Harris of Festus
Other contributory causes of importance:
Cardio-renal failure

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) C. Hudson Talbot, M. D.
(Address) Metropolitan Bldg
St. Louis

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 Guy W. Wilkinson
Licensed Embalmer No. 3575

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.