

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.

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

REC'D AUG 19 1939

26731

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ste. Gen Registration District No. 780  
(b) Township Ste. Julian Primary Registration District No. 4466  
(c) City Ste. Genevieve (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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.

Registered No. 312. PRINT FULL NAME JANE GRIFFORD

(a) Residence, No. \_\_\_\_\_ 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>LOUIS GRIFFORD</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR 12 1869</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>3</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>		If LESS than 1 day, ..... hrs. or ..... min.
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) RIVER AUX VASES  
(STATE OR COUNTRY) MISSOURI

13. NAME FRANK RUDOLFF  
14. BIRTHPLACE (CITY OR TOWN) RIVER AUX VASES  
(STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME NANCEY WOLFORD  
16. BIRTHPLACE (CITY OR TOWN) RIVER AUX VASES  
(STATE OR COUNTRY) MISSOURI

17. INFORMANT Mrs. John Knecht  
(ADDRESS) River aux Vases Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Genevieve Mo. DATE July 12 1939

19. FUNERAL DIRECTOR (NAME) St. Genevieve Mo.  
(ADDRESS) St. Genevieve Mo.

20. FILED July 11, 1939 T. W. Douglas  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930, to July 10, 1939  
I last saw her alive on June 5, 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Chronic Myo. Carditis Date of onset 1937

Other contributory causes of importance:

Arterio. Sclerosis 1935

Name of operation NO Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? NO

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) St. Genevieve Mo., M. D.  
706 (Address) St. Genevieve Mo.

APR 28 1951

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,

*Leo C. Basler*

or by

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

Signed

*Leo C. Basler*

Licensed Embalmer No. *1985*

P. O. Address

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