

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME EFFIE MAY GRIFFIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Dec. 21 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Richard M. Mitchell
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Helms
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Spencer
(b) Address Salem Mo.

17. (a) Burial (b) Date thereof 10/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director Carl Spencer
(b) Address Salem Mo.

19. OCT 9 1940 (b) J. B. Budek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis NR
(If outside city or town limits write "RURAL")
(d) Street No. Salem Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1940 hour 7.50 minute P. M.

21. I hereby certify that I attended the deceased from Oct 4, 1940, to Oct 8, 1940,
that I last saw h alive on Oct 8 1940, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal myositis

Due to Hypertension

Due to Arteriosclerosis (embolism)

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature L. H. Thompson (Mr D. or other)
Address 203 Beaumont St. Date signed 10/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Wm. W. McManis

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.