

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34122**
Registrar's No. **8819**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2807 Stoddard St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **9 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lucy Griffin**

3. (b) If veteran, name war **---** 8. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert Griffin** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **April 8 1868** (Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **16** If less than one day hr. min.

9. Birthplace **Hines Co Miss.** (City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business **9**

12. Name **Ed Downing**

13. Birthplace **Hines Co Miss.** (City, town, or county) (State or foreign country)

14. Maiden name **Rosa Harper**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Griffin** (b) Address **2807 Stoddard St**

17. (a) **Burial** (b) Date thereof **10-28-40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **Ellis Fun, Home**

(b) Address **2820 Stoddard St**

19. (a) **OCT 26 1940** (Date received local registrar) (b) **J. B. Budeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**
(c) City or town **St Louis** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2807 Stoddard St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **---** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct, 24th**, year **1940** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **4/30** 19**40** to **10-24** 19**40**
that I last saw her alive on **10-24** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Syphemia**

Due to **Cancer**
Primary site parotid
glands metastases
to throat
Other conditions **no**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**

Of autopsy **no**

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

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **no**
(c) Where did injury occur? **no** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (c) Means of injury **no**

23. Signature **J. B. Budeck** (M. D. or other) **1**
Address **248 1/2 W. 1st St. St. Louis** Date signed **10-24/40**

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 L. B. Boykin
Licensed Embalmer No. 294
P. O. Address St. Louis 9

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.