

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Ada Griffith

3. (b) If veteran, name was no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Griffith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>15</u>	hr. _____ min.

9. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Clinton Lindley

13. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Willie Mae Ralston

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

16. (a) Informant Mrs. Audrey Thoele

(b) Address 5236a Devonshire Ave.

17. (a) Cremation (b) Date thereof June 13, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JUN 13 1941 (b) J. W. Brebeck
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5236a Devonshire Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb 14 to June 11 1941
 that I last saw her alive on June 11 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary
Carcinoma of Ovary
 Duration 4 Mo
4 Mo

Due to Primary site unknown

Due to _____

Other conditions 49 lb
(include pregnancy within 5 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 W. M. Attoch (M. D. or other) MD
 Address 4230 Chautauque Ave Date signed 6/17/41

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

0
7
9

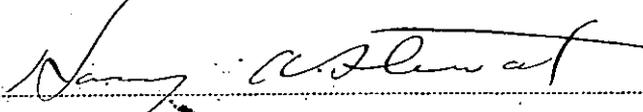
MOTHER FATHER

Dr. MacCormack
State of Connecticut

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. 3722

P. O. Address 412 Duchouquette St.

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, fact should be so stated above.