

STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1942 791

Primary Registration District No. 1003

Registrar's No. 6050

1. PLACE OF DEATH:  
 (a) County **St. Louis Missouri**  
 (b) City or town **St. Louis**  
 (c) Name of hospital or institution  
**4007 SHREVE AVE**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **life**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4007 Shreve Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country? **C** (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME **Mary Jane L Griffin**  
 3. (b) If veteran, name war  
 3. (c) Social Security No. **702-12-7821**

4. Sex **F** / 5. Color of race **W**  
 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years **18**  
 7. Birth date of deceased **Aug 12 1918**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**24** **11** **4** hr. min.

9. Birthplace **St. Louis Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Key punch Operator**

11. Industry or business

MOTHER FATHER { 12. Name **William J Griffin**  
 13. Birthplace **St. Louis Missouri**  
 (State or foreign country)

MOTHER FATHER { 14. Maiden name **NEIL COLLINS**  
 15. Birthplace **St. Louis Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Neil Griffin**  
 (b) Address **4007 Shreve Ave.,**

17. (a) **Burial** (b) Date thereof **7-18-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**  
**John J. A Barrett**

18. (a) Signature of funeral director  
 (b) Address **2819 Union Ave.**  
**JUL 17 1942**  
 19. (a) **J. F. Bredek**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **16<sup>th</sup>**  
 year **1942** hour **10:30** minute **2** M.  
 21. I hereby certify that I attended the deceased from **July 21, 1941**  
**to July 16<sup>th</sup>, 1942** to **19**  
 that I last saw her alive on **July 15<sup>th</sup>, 1942**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis**  
**resulting from**  
**Fox All. bilateral**  
 Due to **Pulmonary Tuberculosis**  
 Due to

Other conditions (Include pregnancy within 3 months of death)  
**1/3**

Major findings: Of operations  
 Of autopsy

Duration **13 Mo**  
 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) **N.G.**  
 (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?

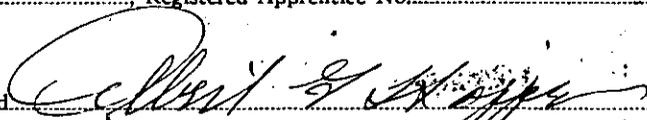
While at work? (Specify type of place) (a) Means of injury  
 23. Signature **Andrew C. ...**  
 Address **607 No Grand St** Date signed **7/17/42**

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.....



Licensed Embalmer No..... 3971

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, fact should be so stated above.**