S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25697

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7628

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 hrs (Specify whether years, months or days)

In this community: 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 1326 So. 7th (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Ethel M. Griffin

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Fem

5. Color or race: W

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: John

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May (Month) 30 (Day) 1894 (Year)

8. AGE: Years 51 Months 3 Days 0 If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Otto Ramsey

FATHER 13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name: Cora Harris

MOTHER 15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Iva Crump

(b) Address: 1326 So. 7th St., S t. Louis, Mo

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof: 8/31/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Hopewell, Mo.

18. (a) Signature of funeral director: A. N. McLaughlin

(b) Address: 2301 Lafayette Ave., St Louis, Mo.

19. (a) AUG 31 1945 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 30 year: 1945 hour: 8 minute: 2 M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Kidney

Due to:

Due to: 57

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

Major findings: Of operations:

Of autopsy:

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: 3

23. Signature: Patrick E. Gaylor (M. D. or other) Dep Coro

Address: 1300 Clark Date signed: 8-31-45

(Licensed Embalmer's Statement on Reverse Side)

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. R. Draper

Licensed Embalmer No. 3633

P. O. Address 237 Lafayette

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.