V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28685

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6882

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: 1531 LOUISIANA AV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1531 LOUISIANA (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE MARIE GRIFFIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed,~~ married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife PETER J. GRIFFIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JULY (Month) 26 (Day) 1877 (Year)

8. AGE: Years 69 Months 0 Days ~~10~~ 9 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name JOHN McDONNELL
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET SHEEHAN
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Peter J. Griffin
(b) Address 1531 Louisiana Av

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof AUG. 9 46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) AUG 7 1946 (Date received local registrar) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 19 39 to Aug 5 1946 that I last saw her alive on July 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day
Due to Sclerotic Arteries
Due to Diabetes Mellitus 1939
Other conditions (Include pregnancy within 3 months of death) Diabetic Gangrene

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

23. Signature (M. D. or other) 1946
Address Date signed

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4 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, fact should be so stated above.