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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 3 1948

Registration District No. 347

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6676

State File No. 7380

Registrar's No. 567

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8635 Delano (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy (If outside city or town limits, write "RURAL")

(d) Street No. 8635 Delano (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Alice May Griffen

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Griffin

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased June (Month) 14 (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Damon West
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Olive Cobb
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. H. Hecht

(b) Address Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/48. (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri.

19. (a) 2-29-48 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 7-17-1948 to 2-27-1948 that I last saw her alive on 2-27-1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
On myocarditis	1940
Due to On nephritis	1938
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

1318

Major findings: Of operations none

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Rev. Johnson (M. D. or other)

Address [illegible] Date signed 2/26/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1948

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. M. Schule

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.