

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28101**  
Registrar's No. **7422**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7422</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 mos</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>				24. STREET ADDRESS (If rural, give location) <b>3340 Texas Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>		b. (Middle) _____		c. (Last) <b>Griffith</b>		4. DATE OF DEATH (Month) <b>8</b> (Day) <b>25</b> (Year) <b>49</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 15, 1892</b>	
9. AGE (in years last birthday) <b>57</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Harry Griffith</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Klein</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Griffith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Griffith</b> ADDRESS <b>3340 Texas Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pericarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>TERMINAL UREMIA</b> <b>4 mos.</b> DUE TO (c) <b>MARKED ARTERIOLAR Sclerosis 2 yrs.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <b>97</b> (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H600</b>			
22. I hereby certify that I attended the deceased from <b>April 4, 1949</b> to <b>Aug 25, 1949</b> , that I last saw the deceased alive on <b>Aug 25, 1949</b> , and that death occurred at <b>11:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>P. J. Ciapciak M.D.</b> (Degree or title)				23b. ADDRESS <b>1901 Madison St.</b>		23c. DATE SIGNED <b>Aug 26, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-29-'49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <b>J. B. Pasata</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodhart &amp; Goodhart</b> ADDRESS <b>2228 St. Louis Av.</b>			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

AUG 26 1949

**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*J. W. M. Pennington*

..... Licensed Embalmer No. ....

P. O. Address *St. Louis, 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.