No. 300
10-48

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22187

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1542

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~S. Kirkwood~~ CLAYTON
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S. Kirkwood 4773
d. STREET ADDRESS (If rural, give location): 328 Meacham St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lulu
b. (Middle): Belle
c. (Last): Griggs

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: April 4th 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 2, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Hickman Ky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Bennett
13b. MOTHER'S MAIDEN NAME: Mittie Major
14. NAME OF HUSBAND OR WIFE: Robert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Andrew Griggs — ADDRESS: 328 Meacham St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Uremia
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 600.0
20. AUTOPSY? YES ☐ NO ☒

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) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-4-, 1950, *to* 6-21-, 1950, *that I last saw the deceased alive on* 6-21-, 1950, *and that death occurred at* 5:5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. R. Cobb, M.D. (Degree or title)
23b. ADDRESS: 601 Brentwood, Clayton
23c. DATE SIGNED: 6-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26 1950
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 6-23-50
REGISTRAR'S SIGNATURE: Herbert Blomke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: JOHN W. HEMPHILL — ADDRESS: 408 S. Fillmore Kirkwood Mo.
(Licensed Embalmer or Attendant on Reverse Side)

WRITE PLAINLY—USING 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 444

P. O. Address 408 S. Filmore

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.