

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34848

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8362

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If rural, give location) 3136a Maury Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Lena Rosalena Griffin			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 9/1/14	8. DATE OF BIRTH 4/10/94
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		Housewife	DeSoto, Ill.
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Victor Emmanuel Casmos		13b. MOTHER'S MAIDEN NAME Philemena Charbinier	14. NAME OF HUSBAND OR WIFE Eugene D. Griffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. J. Camos, 5605 Nottingham Ave.
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)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		2 days	
DUE TO (b)		2 year	
DUE TO (c)		2 year	
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 type="checkbox"/> NO <input checked="" 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) (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		592X	
22. I hereby certify that I attended the deceased from Jan. _____, 19 50, to Oct. 2, _____, 19 50, that I last saw the deceased alive on Oct. 2, _____, 19 50 and that death occurred at 10:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Paul M Parashak		23b. ADDRESS 5203 Chippiwa St.	
23c. DATE SIGNED 10/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/5/50	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. OCT 4 1950		REGISTRAR'S SIGNATURE J. B. Sauter	
25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....

Ronald Yabake

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.