

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

318

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State File No. 34849

Registrar's No. 8210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY-REG. DIST. NO. \_\_\_\_\_

**1. PLACE OF DEATH**

a. COUNTY \_\_\_\_\_

b. CITY OR TOWN St Louis

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION 4223<sup>a</sup> Vista

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 1889

d. STREET ADDRESS (If rural, give location) 4223<sup>a</sup> Vista 0

**3. NAME OF DECEASED**

a. (First) George b. (Middle) Franklin c. (Last) Griffith

4. DATE OF DEATH (Month) (Day) (Year) 10-12-1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1-26-1888 9. AGE (In years last birthday) 62 # UNDER 1 YEAR Months \_\_\_\_\_ # UNDER 1 YEAR Days \_\_\_\_\_ # UNDER 1 YEAR Hours \_\_\_\_\_ # UNDER 1 YEAR Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman + Oiler

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Steelville Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Griffith 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI

16. SOCIAL SECURITY NO. 494-01-1671

17. INFORMANT'S SIGNATURE OR NAME Ella Griffith ADDRESS 4223<sup>a</sup> Vista

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of bladder

ANTECEDENT CAUSES  
Morbidity 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  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder with local extension 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 181X

22. I hereby certify that I attended the deceased from July, 1950, to Oct 12, 1950, that I last saw the deceased alive on Oct 11, 1950, and that death occurred at 12:12 m., from the causes and on the date stated above.

23a. SIGNATURE Georges Deakin, MD (Degree or title) U 23b. ADDRESS 607 N. Grand Blvd. 23c. DATE SIGNED 10/14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10-16-1950 24c. NAME OF CEMETERY OR CREMATORY New Pickers Cem 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. OCT 16 1950 REGISTRAR'S SIGNATURE J. D. ... 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS \_\_\_\_\_

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

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**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 Ronald Dyckhouse

Licensed Embalmer No. 3917

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.