

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43192**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3102**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO 2059	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		5596 Kingsbury - 1	

3. NAME OF DECEASED (Type or Print) Anne Griffin			DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3-12-1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME MICHAEL	13b. MOTHER'S MAIDEN NAME DORIS	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME MRS. J. M. GRIFFIN 1914 So. Grand.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seul arteriosclerosis		
	DUE TO (c) Senility		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 7, 1950**, to **Dec 22, 1950** that I last saw the deceased alive on **Dec 21, 1950**, and that death occurred at **10:22 m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. Denny	23b. ADDRESS Creve Coeur Mo	23c. DATE SIGNED 12-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/23/50	24c. NAME OF CEMETERY OR CREMATORY HARWOOD Cem	24d. LOCATION (City, town, or county) (State) St Louis MO
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DATE REC'D BY LOCAL REG. 12/22/50	REGISTRAR'S SIGNATURE Robert P. Donk	25. FUNERAL DIRECTOR'S SIGNATURE W. Weick	ADDRESS 2201 So. Grand
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Handwritten text, possibly a name or date, partially obscured by a horizontal line.

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.

Signed *J. Allen Davis Jr.*
.....
Licensed Embalmer No. *4053*

Signed.....
Student Embalmer *[Signature]*

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.