

FILED JAN 19 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 217	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis.		c. LENGTH OF STAY (in this place) APR-25-1950		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis.		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery				d. STREET ADDRESS (If rural, give location) 3106 Lawton			
3. NAME OF DECEASED (Type or Print) Addie		a. (First)		b. (Middle)		c. (Last) Griffin	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 4. 1951		5. SEX 3 Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH May 10, 1885		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR 7 24		IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Esaw Dysirt		13b. MOTHER'S MAIDEN NAME Betty ?		14. NAME OF HUSBAND OR WIFE John 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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Gertrude Griffin City Infirmery Records 5800 Arsenal			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arterio ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis with Cardio Component DUE TO (c) Leading II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1950 Plus	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200			
22. I hereby certify that I attended the deceased from April 25, 1950 to Jan. 4, 1951, that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 10:30A m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Palmer Cousine Bowdich M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED Jan. 4, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 13, 51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 9 1951		REGISTRAR'S SIGNATURE J.B. Casater		FUNERAL DIRECTOR'S SIGNATURE W.M. SMITH		ADDRESS 4019 Washington	

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

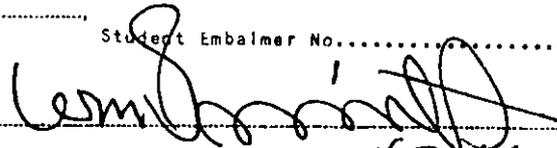
STATEMENT BY LICENSED EMBALMER

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



Signed.....
Student Embalmer

Licensed Embalmer No. 4371

P. O. Address 4019 Washington St. S. W.

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.