

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35893

BIRTH NO. 72580-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3266

1. PLACE OF DEATH: ST. MARY'S HOSP.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):	
a. COUNTY ST. LOUIS		a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 40 mi		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 3939 WASHINGTON	

3. NAME OF DECEASED (Type or Print) JOHN D. WAYNE			4. DATE OF DEATH SEPT. 27 1951		
a. (First)	b. (Middle)	c. (Last) Griffin	Month	Day	Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT. 27 1951	9. AGE (In years last birthday) 1	10. MONTHS 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME MARVIN LEE GRIFFIN		13b. MOTHER'S MAIDEN NAME MILDRED C. LAWRENCE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MARVIN L. GRIFFIN	
				ADDRESS 3939 WASHINGTON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia via nematodes due to cutaneous anthrax		INTERVAL BETWEEN ONSET AND DEATH Unknown	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused 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) 7620			
		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-26, 1951, to 9-27, 1951, that I last saw the deceased alive on 9-27, 1951, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Loren E. Ogley (Degree or title) M.D.		23b. ADDRESS 1118 North Central Blvd St Louis		23c. DATE SIGNED 9-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 28-1951		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. 9-28-51		REGISTRAR'S SIGNATURE Herbert R. Tompke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Boeklage 6536 Clayton Rd.	

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

STATEMENT BY LICENSED EMBALMER

NOT EMBALMED *A.H.B.*

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.....

P. O. Address.....

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.