

STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1951

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3623

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glendale 4651	
c. LENGTH OF STAY (In this place) 90		d. STREET ADDRESS (If rural, give location) 935 Victoria Ave., Glendale Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. PUBLIC HEALTH SERVICE HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) E c. (Last) GRIFFEY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 23, 1895
9. AGE (In years last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner	10b. KIND OF BUSINESS OR INDUSTRY Westmoreland Park
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? 214	

13a. FATHER'S NAME Clay Griffey	13b. MOTHER'S MAIDEN NAME Pink Woodard	14. NAME OF HUSBAND OR WIFE Ruth Griffey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I	16. SOCIAL SECURITY NO. W.W.I	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clinical Records of U.S. Public Health Service Hosp., Kirkwood, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH 5 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus		
ANTECEDENT CAUSES Morbid 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. Arteriosclerotic heart disease			2 yrs

19a. DATE OF OPERATION 9-20-51	19b. MAJOR FINDINGS OF OPERATION Bronchoscopy and biopsy	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 150X
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 Aug. 10, 1951, to Nov. 8th, 1951, that I last saw the deceased alive on Nov. 8, 1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert J. Trautman (Degree or title) S.A. Surg. U.S. PHS Hosp. Kirkwood, Mo	23b. ADDRESS U.S. PHS Hosp. Kirkwood, Mo	23c. DATE SIGNED Nov. 8, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 13, 1951	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 11-12-51	REGISTRAR'S SIGNATURE Herbert R. Somber	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. Hoffmeister Colonial Mortuary 6164 Chippewa St., St. Louis, Mo.
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(Licensed Embalmer's Statement, on Reverse Side)

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 *Levin P. Hamerick*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7874 S. Broadway

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.