

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10019**

MAR 24 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **1946**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1946</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mississippi</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo</i>		c. LENGTH OF STAY (In this place) <i>23 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Philadelphia. 8230</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp.</i>				d. STREET ADDRESS (If rural, give location) <i>PO Box- 84</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Albert</i> b. (Middle) <i>Griffin</i> c. (Last) _____			4. DATE OF DEATH (Month) <i>Feb.</i> (Day) <i>27</i> (Year) <i>1952</i>				
5. SEX <i>M.</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug. 10, 1912</i>	
9. AGE (In years last birthday) <i>37</i>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Station police</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (State or foreign country) <i>Mississippi</i>		12. CITIZEN OF WHAT COUNTRY _____	
13a. FATHER'S NAME <i>Phil Griffin</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Clark</i>		14. NAME OF HUSBAND OR WIFE <i>Orsa Lee Griffin</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>718-07-4562</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Orsa Lee Griffin</i> ADDRESS <i>Philadelphia Miss</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Hypertensive C.V. Dis.</i>  ANTECEDENT CAUSES <i>Chronic Ulcer</i> <i>Pneumonia, bilat.</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 <i>Feb. 4</i> , 1952, to <i>Feb. 27</i> , 1952 that I last saw the deceased <i>Califia</i> <i>Feb. 27</i> , 1952 and that death occurred at <i>1:30 p. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Carl Kroenke</i> (Degree or title) _____				23b. ADDRESS <i>1755 So. Grand.</i>		23c. DATE SIGNED <i>2/29/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>2-29-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>GRIFFIN REST.</i>		24d. LOCATION (City, town, or county) (State) <i>Philadelphia Miss.</i>	
DATE REC'D BY LOCAL <i>FEB 29 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ellis Funeral Home</i> ADDRESS <i>2820 Stoddard</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

*Fulton E. Culkin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *Adams 13.2*

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.