

S. No. 300
V. 10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11041**
Registrar's No. **781**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066**

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|--|--|--|--|
| 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 township) OR TOWN Kirkwood | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1945 So. Lindburg | | d. STREET ADDRESS (If rural, give location) 1945 So. Lindburg | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Pink b. (Middle) _____ c. (Last) Griffey | | | 4. DATE OF DEATH (Month) (Day) (Year) March 22, 1952 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH Jan. 1, 1863 | | 9. AGE (In years last birthday) 89 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (State or foreign country) Clinton, Ky. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13. KIND OF BUSINESS OR INDUSTRY At Home | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME John Woodward | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE John | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell Latta, 1945 So. Lindburg | |

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|--|---|--|----------------------------------|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | 1 wk |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ | | ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 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) (Min.) | | 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 March 10, 1952, to March 19, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at UNK. m., from the causes and on the date stated above.

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|---|--|----------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) Vance E. Burtledge M.D. | | 23b. ADDRESS Kirkwood, Mo | | 23c. DATE SIGNED 3-24-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-24-52 | | 24c. NAME OF CEMETERY OR CREMATORY Clinton, Ky. | |
| 24d. LOCATION (City, town, or county) (State) | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 3-24-52 | | REGISTRAR'S SIGNATURE Hubert R. Domke MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | |
|---|--|---|--|--|--|

SW (Licensed Embalmer's Statement on Reverse Side)

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

Halls
4-20-52

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.

Student
Student Embalmer

Signed

John J. Harris

Licensed Embalmer No. *4608*

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.