

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18050

State File No. 3974

FILED MAY 19 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3974		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospt. #1				d. STREET ADDRESS (If rural, give location) 1339 Hodiament, Ave. 0				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) J c. (Last) Griffin			4. DATE OF DEATH (Month) (Day) (Year) April 26 1952					
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Sept. 18 1883		9. AGE (In years last birthday) 68		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Ireland 4		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME John Griffin			13b. MOTHER'S MAIDEN NAME Mary Grady			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. 489 12 1478		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J Griffin 1339 Hodiament Ave			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema; Generalized arteriosclerosis; Fr. of right femur; Disappeared when deceased was pulled from bench at Ozanam Hall app. about 7:30 pm Apr 12 1952 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 000 Accident					20. AUTOPSY YES ☒ NO ☐	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shelter		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo 69208		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 12 52 7:30		
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 40						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:55 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick E. Taylor M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.28.52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE April 30 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 28 1952 J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.						

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J W M Binkley

Licensed Embalmer No. *3453*

P. O. Address *81 Lapis Ave*

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.