

STANDARD CERTIFICATE OF DEATH

43454

FILED JAN 10 1953

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11645

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11645			
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. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2259			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 25 1443 N Ninth St					
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle)		c. (Last) Griffin			
4. DATE OF DEATH Dec. 9 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 9, 1895		9. AGE (In years, last birthday) 57			
5. SEX Male		6. COLOR OR RACE Colored		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown			
11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Charles Griffin		13b. MOTHER'S MAIDEN NAME Laura Herbert			
14. NAME OF HUSBAND OR WIFE Anna Griffin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Rhodes, 2601 N Whittier St			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AZOTEMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH UNDET.	
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? 792X					
22. I hereby certify that I attended the deceased from 10-29-1952, to 12-9-1952, that I last saw the deceased alive on 12-9-1952, and that death occurred at 1:30a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) V. Herbert H. Harker, M.D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 12-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-31-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 18 1952		REGISTRAR'S SIGNATURE J. Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service		ADDRESS 4104 Manchester 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.....

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.