

FILED JAN 28 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0463

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Festus 0502	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 121 N. Adams	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Floyd		b. (Middle) Louis	
c. (Last) Griffin		4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6, 1888
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker	11. BIRTHPLACE (City and State or Foreign Country) Festus, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY Glass Factory	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Griffith		13b. MOTHER'S MAIDEN NAME Lilly Barnham	14. NAME OF HUSBAND OR WIFE Anna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-03-3931	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Floyd Griffin, Festus, Mo.
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) Carcinoma of liver INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
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	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		1562	
22. I hereby certify that I attended the deceased from Jan 10, 1953 , to Jan 14, 1953 , that I last saw the deceased alive on Jan 14, 1953 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alphonse McAdon, M.D.		23b. ADDRESS 634 N. Grand Blvd	
23c. DATE SIGNED 1-15-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-14-53	
24c. NAME OF CEMETERY OR CREMATORY Presbyterian		24d. LOCATION (City, town, or county) (State) Festus, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 15 1953 J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Festus, Mo.	

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

FEB 17 1954

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

Fred J. Farmer

Licensed Embalmer No. 4788

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.