

FILED JAN 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **11893**

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, MISSOURI**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL**

e. STREET ADDRESS (If rural, give location) **3135a Lackland Ave. 2169**

3. NAME OF DECEASED (Type or Print)
a. (First) **FRANCES** b. (Middle) **J.** c. (Last) **GRIFFITH**

4. DATE OF DEATH (Month) (Day) (Year) **DECEMBER 15, 1953**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Mar. 24, 1891**

9. AGE (In years last birthday) **62**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Frank X. Meier**

13b. MOTHER'S MAIDEN NAME **Helena Frockle**

14. NAME OF HUSBAND OR WIFE **Cecil Griffith**

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. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Lillie Bunselmeier-3664 Juniata**

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) **Papillary adenocarcinoma**
ANTECEDENT CAUSES
DUE TO (b) **general metastases**
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 **Transverse colonotomy**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **153X**

22. I hereby certify that I attended the deceased from **11-2-53**, 19____, to **12-15-53**, 19____, that I last saw the deceased alive on **12-15-53**, 19____, and that death occurred at **11:20P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Shale M. Ripkin M.D.**

23b. ADDRESS **1515 Lafayette Avenue**

23c. DATE SIGNED **12-16-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation**

24b. DATE **Dec. 18, 1953**

24c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **DEC 17 1953**

REGISTRAR'S SIGNATURE **J. Earl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wacker-Heldert - 3634 Gravois 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.....
Signature of Student Embalmer

Signed..... *Frank J. Hand Sr.*
Licensed Embalmer No. *9645*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.