

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42842

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2891

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>MARYLAND HEIGHTS</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>6 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>CUMBERLAND AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) <u>Dora</u>		c. (Last) <u>Griffith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED-NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEP. 29-1874</u>		9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SAVEMEN, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>CLINTON GUISE</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH RUSTIN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES W. DCD.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Johnson</u>		ADDRESS <u>1201 KINGSLAND AVE</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Basalar Skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Contusion & Laceration of Brain</u>		"	
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Maryland Hts. St. Louis MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 9, 1955 6⁰⁰ p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Bus</u>	

22. I hereby certify that I attended the deceased from 12-9-1955, to 12-10-1955, that I last saw the deceased alive on 12-10-1955, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard N. King M.D.</u>		23b. ADDRESS <u>6015 Brentwood Clayton Mo.</u>		23c. DATE SIGNED <u>12-10-55</u>	
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>12-13-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATHEWS CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>		24e. CEMETERY DIRECTOR'S SIGNATURE <u>William H. Prosser</u>		ADDRESS <u>2504 WOODSON RD. OVERLAND MO.</u>	

DATE REC'D BY LOCAL REG. <u>12-12-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombard</u>		24f. CEMETERY DIRECTOR'S SIGNATURE <u>William H. Prosser</u>	
				ADDRESS <u>2504 WOODSON RD. OVERLAND MO.</u>	

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 *Oscar F Mueller*.....

Licensed Embalmer No...30...

P. O. Address *Oversland*.....

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.