

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 3 1 2 7  
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1498

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Louis</u>	a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valley Park</u>	Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Valley Park</u> <u>4761</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>44 Crescent Rd.</u>	Length of stay in lb <u>3 years</u>	d. STREET ADDRESS <u>44 Crescent Rd.</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Walter</u>	Middle <u>Franklin</u>	Last <u>Griffin</u>	4. DATE OF DEATH	Month <u>June</u>	Day <u>10</u>	Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 30, 1902</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Motors Chevrolet Div.</u>	11. BIRTHPLACE (City and state or country) <u>St. Genevieve Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13. FATHER'S NAME <u>Frank B. Griffin</u>	14. MOTHER'S MAIDEN NAME <u>Annabelle Williams</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-09-4837</u>	17. INFORMANT <u>Felista Griffin, 44 Crescent Rd.</u>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Tumor, Astrocytoma</u>	INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic Heart Disease 193x</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Jan, 1956 to June 10, 1957 and last saw him alive on April 1957  
Death occurred at 5:28 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank Rotondo M.D.</u> (Degree or title)	22b. ADDRESS <u>333 S. Kirkwood, Mo.</u>	22c. DATE SIGNED <u>6/11/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/13/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>	23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Pfizinger Mortuary,</u>	ADDRESS <u>Kirkwood, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-12-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Romberg</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner must certify to a death due to natural causes.  
 Diseases in Part I must be casually related.

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 *William A. Gilman*

Licensed Embalmer No. 43

P. O. Address *Kulm...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.