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FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007281
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1632

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes [#] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 3415 N.19th.St — Length of stay in 1b 40 years 26	d. STREET ADDRESS 1902 Destrehan (If outside, give location) — Reside on Farm Yes [ ] No [#]

3. NAME OF DECEASED (Type or print): First FALA Middle Last GRIFFITH

4. DATE OF DEATH Month Feb. Day 11, Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [#] DIVORCED [ ]

8. DATE OF BIRTH: Feb. 1, 1882

9. AGE (In years last birthday): 76 — 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: None

11. BIRTHPLACE (City and state or country): Sullivan, MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Daniel Moss

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Walter Griffith (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mae Reckert Address: 3415 N. 19th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) HyperTension — 2-3 yrs

DUE TO (c) Congestive heart Failure — 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1951, to Feb 10 1958 and last saw her/him alive on Feb 8, 1958. Death occurred at 6 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas M. Mellin (Degree or title) D.O. 2

22b. ADDRESS 3823 N. 20th

22c. DATE SIGNED 2/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-13-58

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County MO

24. FUNERAL DIRECTOR: SUEDMEYER & SON'S ADDRESS: 3934 N.20th Street

25. DATE REC'D BY LOCAL REG.: FEB 11 58

26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally 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 Herbert J. Stern Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond 22, Va.

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.