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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015859
STATE FILE NUMBER
3857

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3857

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 12,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b 76 Yrs.	d. STREET (If outside, give location) ADDRESS 5778 DeGiverville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EVERETT PAUL GRIFFIN			4. DATE OF DEATH Month Day Year APRIL 5, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1881		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Private Practice St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Trumbill D. Griffin		13b. MOTHER'S MAIDEN NAME Marie D. Davis		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Rev W W S Hohenschild 7401 Delmar (5)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS OF LUNGS DUE TO (b) HEART DECOMPENSATION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE ARTERIOSCLEROTIC BRAIN SYNDROME					INTERVAL BETWEEN ONSET AND DEATH 24 HOURS UNKNOWN
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.) 420.0			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from MARCH 31, 1958 to APRIL 5, 1958 and last saw her alive on APRIL 5, 1958 Death occurred at 6:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. E. Hamilton, M.D.</i> (Degree or title) M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd			25. DATE RECD. BY LOCAL REG. APR 7 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

ST. LOUIS, MISSOURI

MARCH 31, 1958

APRIL 5, 1958

GRIFFIN

PAUL

FARETT

24 HOURS

MEMORIAL

THROMBOSIS OF LUNGS

STATEMENT BY LICENSED EMBALMER

ARTERIOSCLEROTIC HEART DISEASE

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

X

by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

APRIL 5, 1958

APRIL 5, 1958

Signed

James McCulloch

MARCH 31, 1958
Licensed Embalmer No. 2740

M.A. 0210
P. O. Address 6150 Blm

4/2/58

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.