

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031187

STATE FILE NUMBER

REG. DISTRICT NO. 317 PRIMARY REG. DISTRICT NO. 541 REGISTRAR'S NO. 2085

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) CITY <u>C CLAYTON</u> TOWN <u>C CLAYTON</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>JENNINGS 4148</u> ST LOUIS |
| c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u> | | Length of stay in lb <u>15 DAYS</u> | d. STREET ADDRESS (If outside, give location) <u>7131 THEODORE PL.</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Harry Griffith</u> | | | 4. DATE OF DEATH Month Day Year <u>August 8, 1958</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>MAR. 27, 1889</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR-RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>UNK.</u> | 11. BIRTHPLACE (City and state or country) <u>LAKE CITY, ILLINOIS</u> |
| 13a. FATHER'S NAME <u>UNK.</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNK.</u> | 14. NAME OF HUSBAND OR WIFE <u>CASSIE GRIFFITH</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. NO 1</u> | | 16. SOCIAL SECURITY NO. <u>327-12-3520</u> | 17. INFORMANT Address <u>CASSIE GRIFFITH 7131 THEODORE PL.</u> |
| 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>Respiratory distress</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Marked pulmonary emphysema</u> DUE TO (c) <u>Bronchitis 526 X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Post-supra pubic prostatectomy</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year 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 <u>7-21-58</u> to <u>8-8-58</u> and last saw her/him alive on <u>8-8-58</u> Death occurred at <u>9:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Vincent L. Frederick M.D.</u> | | 22b. ADDRESS <u>601 S. Brentwood, Clayton 5, Mo.</u> | 22c. DATE SIGNED <u>8-8-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>8-11-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK.</u> | 23d. LOCATION (City, town, or county) (State) <u>St Louis Co. MO.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Buehholz Mort. Inc. 5967 W. Florissant</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-11-58</u> | 26. REGISTRAR'S SIGNATURE <u>Vincent L. Frederick M.D.</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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

Jeffrey Buchholz
Signature of Student Embalmer

Signed

Jeffrey Buchholz

Licensed Embalmer No. *4531*

P. O. Address *St. Louis*

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.