

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038395

STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2649

S. 300  
1-57

3

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                |   |   |  |  |
|--|--------------------------------|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis, County</b> Mo   |                                |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Clayton</b>   |                                | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |
| 38 FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>County Hospital</b>   |                                | Length of stay in 1b<br><b>DOA 2059</b>   | d. STREET ADDRESS (If outside, give location)<br><b>5539 Vernon Ave</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>POSTER WILSON GRIFFIN</b>  |                                |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Oct 12 1958</b>  |  |  |
| 5. SEX<br><b>Male 2</b>  | 6. COLOR OR RACE<br><b>Col</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>March 12 1936</b>  |  | 9. AGE (In years last birthday)<br><b>22</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Labor</b>  |                                | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Grace Miss /</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |
| 13a. FATHER'S NAME<br><b>Willie Griffin Sr</b>   |                                | 13b. MOTHER'S MAIDEN NAME<br><b>Lizzie Wright</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Rosalie Lorraine Griffin</b> |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                | 16. SOCIAL SECURITY NO.<br><b>426-60-3939</b>   | 17. INFORMANT<br>Address<br><b>Willie Griffin Sr 6226 Wells Ave</b>   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gunshot wound entering to right of sternum, perforating heart and lung and coming to rest beneath skin of left mid-axillary chest-line</b> |                                |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                |   |   |  |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><b>Open Verdict</b> <input type="checkbox"/>   |                                | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Gunshot wound inflicted by Ida Griffin during an argument at Bolton's Grove in Maryland Heights, Mo.</b> |   |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>12:30 a.m. 10/12/58</b>   |                                | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>exterior grounds of Tavern</b>   |   |  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                | 20f. CITY, TOWN, OR LOCATION<br><b>Maryland Heights</b>   |   | COUNTY<br><b>St. Louis</b>                                     | STATE<br><b>Mo.</b>  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.  |                                |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Raymond Hain 3</b><br>Coroner   |                                |   | 22b. ADDRESS<br><b>Clayton, Mo.</b>   |  | 22c. DATE SIGNED<br><b>10/14/58</b>  |
| 23a. BURIAL, CREATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>10-17-58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood</b>  |   | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Co</b>  | (State)<br><b>MO</b>   |
| 24. FUNERAL DIRECTOR<br><b>Jas H. Randle &amp; Son 3133 Bell Ave</b>   |                                | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>10-13-58</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Herbert A. Romberg</b>   |

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 *Arthur N. Harris* .....

Licensed Embalmer No. *4458*  
P. O. Address *4181 1/2* .....

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.