

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037644

FILED VS OCT 2 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9578** STATE FILE NUMBER

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		Length of stay in 1b		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 5233 Wells Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Don Middle Griffin Last Griffin			4. DATE OF DEATH Month 10 Day 15 Year 59		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/6/1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 3 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Principia College		11. BIRTHPLACE (City and state or country) Paducah, Ky.	
12. CITIZEN OF WHAT COUNTRY U.S. A.		13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME Julia Wilson	
14. NAME OF HUSBAND OR WIFE Gladys Griffin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 491-12-6828		17. INFORMANT Gladys Griffin, 5233a Wells			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia			Undet.
DUE TO (b) Hypovolemic Shock			Undet.
DUE TO (c) Diabetic Acidosis 260x			Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostate Hypertrophy			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year 10-14-59 to 10-15-59		and last saw him alive on 10-15-59	
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
21. I attended the deceased from 11:45 to 11:45 on the date stated above, and to the best of my knowledge, from the causes stated.			

21a. SIGNATURE (Degree or title) Edward B. Williams M.D.		21b. ADDRESS 2601 N. Whittier St.		21c. DATE SIGNED 10-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/21/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS Charles J. Gates, 4107 Finney Ave.		25. DATE RECD. BY LOCAL REG. OCT 19 59	26. REGISTRAR'S SIGNATURE Richard Smith M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

*O.K. by Dr. Williams
Dated 10/16/59
D. Williams*

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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 Rayton Awan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.