

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 0 1960 317

60-013500 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 714

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES	Length of stay in 1b YRS.	c. CITY OR TOWN WEBSTER GROVES	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 450 FAIRVIEW	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 450 FAIRVIEW AVE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ARTHUR Middle GRIFFITHS Last GRIFFITHS			4. DATE OF DEATH Month 2 Day 29 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MIERS AGENT		10b. KIND OF BUSINESS OR INDUSTRY CANDY	11. BIRTHPLACE (City and state or country) PITTSBURG PA	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOHN W. GRIFFITHS		13b. MOTHER'S MAIDEN NAME MARGARET BRIGHT		14. NAME OF HUSBAND OR WIFE ERMA LAHORSKY GRIFFITHS		
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. 489-08-1175	17. INFORMANT Address Erma Griffiths 450 Fairview Ave St. Louis Mo			

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)	MYOCARDIAL INFARCTION	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CORONARY SCLEROSIS DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) AURICULAR FIBRILLATION 1 day		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.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	-----	
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 **1930** to **2-29-60** and last saw ^{him} alive on **2-29-60**
Death occurred at **9:45 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hub M. Mittleberg, M.D.	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Missouri.	22c. DATE SIGNED 3-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 3-2-1960	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY
23d. LOCATION (City, town, or county) ST LOUIS COUNTY		(State) Mo

24. FUNERAL DIRECTOR ADDRESS MITTELBERG Webster Groves Mo	25. DATE RECD. BY LOCAL REG. 3-2-60	26. REGISTRAR'S SIGNATURE John C. Muffly M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer -----

Signed

Lawrence M. Bille

Licensed Embalmer No. 4375

P. O. Address St. Louis 23,

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.