MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-010884
STATE FILE NUMBER

ED MAR 28 1961
AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2521

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis MO
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1005 A Park Ave
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1005 Rear Park Ave
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Thos Middle: Griffith Last:
4. DATE OF DEATH: Month 1 Day 21 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Unk
8. DATE OF BIRTH: Unk
9. AGE (Last birthday): 55
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (City and state or country): Unk
12. CITIZEN OF WHAT COUNTRY: Unk
13a. FATHER'S NAME: Unk
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: D. C. Taylor Address: 1300 Clark

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dehydration and
DUE TO (c) Starvation
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 309X N. M. O
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. C. Taylor (Degree or title)
22b. ADDRESS: 1306 Clark
22c. DATE SIGNED: 3/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 3-31-61
23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. Rowland-Acker Mortuary ADDRESS: 4104 Manchester Ave.
25. DATE RECD. BY LOCAL REG.: MAR 16 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.