

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015899
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1174

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood Length of stay in 1b 10 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8619 Rose Ave. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 8619 Rose Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Eliza Middle Griffin Last Griffin 4. DATE OF DEATH Month April Day 23 Year 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/11/06 9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY Private Homes 11. BIRTHPLACE (City and state or country) Union, Mississippi 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Shep Dukes 13b. MOTHER'S MAIDEN NAME Heffie Vibrett 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 17. INFORMANT Address L. C. Griffin 8619 Rose Ave., Brentwood, Mo

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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 12:39A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Murphy MD Asst. Health Commissioner 22b. ADDRESS 801 S. Brentwood Clayton, Mo. 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/27/61 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery 23d. LOCATION (City, town, or county) (State) Union, Mississippi

24. FUNERAL DIRECTOR Glenn & Walker Funeral Home ADDRESS 4319 Delmar 25. DATE RECD. BY LOCAL REG. 4-26-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

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 Leroy U. Basimote

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.