

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

8158

-61-034378

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 22yrs	c. CITY OR TOWN Saint Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp., No#1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2121 Division -Apt.305
3. NAME OF DECEASED (Type or print) First Venola Middle Griffin Last		4. DATE OF DEATH Month August Day 31 Year 1961	

5. SEX Female	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-16-1903	9. AGE (last birthday) 58 yrs	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) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Clarendon, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Starks		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ezel 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. None	17. INFORMANT Ezel Griffin-2121 Division-Apt. 305	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Staph lococcal Septicemia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Staph lococcal Abscesses	
	DUE TO (c) 692.6	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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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
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21. I attended the deceased from 8/7/61 to 8/31/61 and last saw her alive on 8/31/61 Death occurred at 6:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. McDonough (Degree or title) <i>J. McDonough M.D.</i>	22b. ADDRESS 1515 Lafayette Ave.	22c. DATE SIGNED 8/31/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 9/6/1961	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery Saint Louis County, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Lowe's Funeral Home-2930 Dickson Street	25. DATE RECD. BY LOCAL REG. SEP 2 1961	REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
Quintal (absence of thigh & arm)

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 W. Pannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washu

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.