

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012717

2713

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 *400238*

3
4 *0*

5
6 *1*

7
8 *1*

9
10 *1*

11
12 *92-0*

13
14 *91*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		d. STREET ADDRESS		e. INSIDE LIMITS		f. RESIDE ON FARM		
		St. Louis			Missouri		St. Louis		Clayton		6621a Alamo		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		Month	Day	Year							
			IRVING	B.	GRIFFIN	March		9,	1962								
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR					
Male		White				11/9/95		66		Months		Days		Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY									
Salesman				Auto Sales		Union City, Tennessee		USA									
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE									
William Griffin				Sara Vaughn				Viola Moehlenkamp Griffin									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT						Address					
Yes				N.W. 1		Mrs. Viola Griffin, 6621a Alamo						(5)					
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:																	
IMMEDIATE CAUSE (a)				Coronary occlusion + Myocardial Infarction												INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b)				Arteriosclerotic Heart disease												3 Hours	
DUE TO (c)				420.0												Progressive	
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.							
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		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 <i>Jan. 1949</i> to <i>Jan. 1962</i> and last saw him alive on <i>Jan. 1962</i>																	
Death occurred at <i>1:20 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE						(Degree or title)				22b. ADDRESS				22c. DATE SIGNED			
<i>Arnold Klein M.D.</i>										<i>2632 South Kingshighway</i>				<i>3/10/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)				(State)					
Removal		March 12, 1962		Memorial Park Cemetery				St. Louis County, Missouri									
24. FUNERAL DIRECTOR						ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE					
Beiderwieden F.H.Inc., 1936 St. Louis (6)										MAR 10 1962		<i>Loan Smith, M.D.</i>					

BY AFFIDAVIT OF

Dr Arnold G. Klein
2632 So. Kingshighway

~~Please call~~
~~Pr. 2-5885~~
~~When signed.~~

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 Harmer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.