MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021338
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1670

FILED JUN 15 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4000
2 221
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4 3
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7 0
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9 332X
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12 41-0
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41

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			7/2

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Koch, Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 121 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Robt. Koch Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2231 Biddle
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Thelma Middle Griffie Last
4. DATE OF DEATH: Month may Day 31 Year 1962
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-23-02
9. AGE (last birthday): 59 yrs.
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): nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Salomey
13b. MOTHER'S MAIDEN NAME: Lottie ?
14. NAME OF HUSBAND OR WIFE: Ben Griffie-Dec.
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: Robt. Koch Hosp. record, Koch, Mo.
Address

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): Thrombosis of mid cerebral arteries, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c): 332X
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 1-31-62, to 5-31-62 and last saw her/him alive on 5-31-62
Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Bernard Freedman, M.D. (Degree or title)
22b. ADDRESS: Robt. Koch Hosp. Koch, Mo.
22c. DATE SIGNED: 6-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-6-62
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: Ellis Funeral Home, Inc. ADDRESS: 2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: 6-4-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 4158

P. O. Address St Louis Mo

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.