

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013313

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2873**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life time		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1353A N. Garrison Ave	
3. NAME OF DECEASED (Type or print) First Middle Last LORETTA GRIFFIN			4. DATE OF DEATH Month Day Year March 10 1963		
5. SEX Female	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-21-1960	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months Days Hours Min. 10 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N41		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Mysses Wynne		13b. MOTHER'S MAIDEN NAME Louise Witherspoon	
14. NAME OF HUSBAND OR WIFE *		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. [REDACTED]	
17. INFORMANT Louise Griffin 1353A N. Garrison Ave		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxic Diarrhea; Dehydration; Acute Viral Pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 49-2-X DUE TO (c)		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)				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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.		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 5:00 to 5:00 and last saw her/him alive on 3-12-63 Death occurred at 5:00 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul J. Simon (Degree or title) Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3/12/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-12-1963		23c. NAME OF CEMETERY OR CREMATORY Greenwood	
23d. LOCATION (City, town, or county) St. Louis, Mo		25. DATE RECD. BY LOCAL REG. MAR 12 1963		26. REGISTRAR'S SIGNATURE Good Smith, M.D.	
24. FUNERAL DIRECTOR JAS H. RANDLE & SON		ADDRESS 3133 Bell Ave			

USE BLACK INK OR TYPEWRITER RIBBON

97

1277-3

221

2

3

4

5

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 NOT EMBALMED Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Randle
AS. H. RANDLE & SON
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.