

REC'D APR 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12118

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township NORMANDY Primary Registration District No. 200 Registered No. 472
 (c) City Vinita Park (d) Street No. 8246 Buchanan St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William H. Griffith 613

(a) Residence, No. 8246 Buchanan St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/1/1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 59 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Disabled
 9. Industry or business in which work was done, as saw mill, bank, etc. War Veteran
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KansasFATHER 13. NAME James Griffith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KansasMOTHER 15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Margaret Coburn
(ADDRESS) 8246 Buchanan U. City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Val Halla Cem DATE 3-15-3819. FUNERAL DIRECTOR (ADDRESS) Bayman & Brodner
2504 Woodson Rd - Overland, Mo.20. FILED 3-14 1938 J. R. Myers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 38

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____, to _____, 19____. Death is said

to have occurred on the date stated above, at 11:15 AM

The principal cause of death and related causes of importance were as follows:

Epilepsy 3 years

Other contributory causes of importance:

Accidental drowning in bath tub 3/12Name of operation --- Date of _____What test confirmed diagnosis physical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/12, 1938Where did injury occur? Vinita Park, St. Louis Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

HomeManner of injury Drowned in bath tub duringNature of injury epileptic seizure.Drowning.24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) John O'Connell, M. D.Coroner of St. Louis County.

STATEMENT BY LICENSED EMBALMER

I, Earl Helms, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl Helms

Licensed Embalmer No. 3501

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.)