

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

4875
Do not use this space.

1568

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 2711a Howard St. 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 613 Michael Griffith

(a) Residence, No. 2711a Howard St. St. 20 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 27

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER 13. NAME Michael Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Sarah unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Ellen Griffith
2711a Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE FEB. 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur
3125 Lafayette Av.

20. FILED FEB 17 1939 J. F. Baudek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1927 to Feb 16 1939

I last saw him alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 5.05pm

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

Asphyxiation
by carbon monoxide
Other contributory causes of importance:
Chronic renal disease
and arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. F. Neuberger M. D.

(Address) 2246 Howard St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Joe B. Wollmer.....

Licensed Embalmer No. 21014.....

P. O. Address 3125 Lafayette Ave.....

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 this body is not embalmed, above space should be left blank.