DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 0 SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27379

Registration District No. 791 Primary Registration District No. Registrar's No. 6879

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six weeks (Specify whether years, months or days)

In this community Since birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4065 Humphrey
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John H. Griffith 613

3. (b) If veteran, name war None

3. (c) Social Security No. ~~None~~ 492-09-5762

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida M. Griffith nee Enste

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jan 13, 1889 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Ills. (City, town, or county) (State or foreign country)

10. Usual occupation Chief enginer

11. Industry or business National Candy Co.

FATHER
12. Name Harry Griffith 0
13. Birthplace Mo. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Klein
15. Birthplace Ills. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida M. Griffith
(b) Address 4065 Humphrey

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) AUG 7 1939 (Date received local registrar) (b) J. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1939 hour 3:30AM minute ____ M.

21. I hereby certify that I attended the deceased from June 22, 1939, to August 5, 1939; that I last saw him alive on Aug 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Stomach	9
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Metastasis	?

Major findings:
Of operations Ca & metastasis
Of autopsy Ca & metastasis

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene L. Arnold (M. D. or other)
Address 4356 Warne Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

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 William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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