

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 17 1942

Registration District No. 154

Primary Registration District No. 202

Registrar's No. 2944

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4:00 P.M.
(Specify whether years, months or days)

In this community November 3, 1942.

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin

(c) City or town Girard
(If outside city or town limits, write "RURAL")

(d) Street No. 521 W. JOHN
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Elonzo Fabin Griffiths

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 361-09-9536

4. Sex M 5. Color or race O

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

6. (b) Name of husband or wife Mrs. Clara Griffiths

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 6 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 8 2 hr. min.

9. Birthplace Green Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Worker

11. Industry or business

12. Name Edward Griffiths

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Walls

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Government Records

(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girard, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington, Blvd.

19. (a) NOV 10 1942 (b) C. H. McParlan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1942 hour 4:00 A.M. minute M.

21. I hereby certify that I attended the deceased from November 3rd 1942 to November 8 1942; that I last saw him alive on 11-8 1942; and that death occurred on the date and hour stated above.

Immediate cause of death:

Hypertensive and coronary arteriosclerotic heart disease associated with myocardial damage and insufficiency chronic.

Duration: unknown

Due to: Bronchitis chronic unknown

Other conditions:
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: None

Of autopsy: Not authorized

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?.....

While at work:
(Specify type of place)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Chief Medical Officer Date 11-8-42

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

96
0

599
11
0

Duration

unknown
unknown
unknown
unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 17 1943

State of New York
Department of Health

Office of the State Embalmer

Albany, New York

State of New York

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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 *Albert G. Hoops*

Licensed Embalmer No. *2971*

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 this body is not embalmed, fact should be so stated above.