S. No. 2
M—1-4-41
v. 5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38784

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10574

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2741 Chouteau Ave 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 2 2/7 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2741 Chouteau (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Griffin
3. (b) If veteran, name war
3. (c) Social Security No. Unemployed
4. Sex Male
5. Color or race Negro 2
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lucy Griffin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 15 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
48	1	1	hr. min.

9. Birthplace Arkansas 1 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ~~Wm Griffin~~
FATHER
12. Name Wm Griffin
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Lucy Griffin
(b) Address 2741 Chouteau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director J. H. Harrison
(b) Address 2906 Dunton
19. (a) DEC 18 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from July 1, 1942, to , 19 ; that I last saw him alive on Nov. 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute Myocardial Infarction	
Due to Hypertension-C-V-disease	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
Of autopsy	

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 Leonard Goldberg (M. D. or other)
Address Firmin Desloge Hosp. Date signed 12-17-42

(Licensed Embalmer's Statement on Reverse Side)

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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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address St. Louis Mo

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.