V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26261

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7310

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 88

(c) City or town Moberly 6 N.R.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME GRIFFIN, WILLIAM

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased August (Month) 15 (Day) 1944 (Year)

8. AGE: Years 0 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Samule L. Griffin, Jr.
13. Birthplace Tebbetts (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Janette Lee Rogers
15. Birthplace Moberly, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Samuel L. Griffin,
(b) Address Tebbetts Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Tebbetts, Missouri

18. (a) Signature of funeral director Muschany Funeral Home
(b) Address Wentzville, Missouri

19. (a) AUG 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 - day 22 - year 44 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from 8-19- 1944 to 8-22- 1944 that I last saw him alive on 8-22- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia

Due to

Due to

Other conditions oesophageal atresia with oesophageo-tracheal fistula
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy oesophageal atresia c̄ oesophageo-tracheal fistula

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1570

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 Alfred Schwartz (M. D. or other) MD

Address 634 N. Grand Date signed 8-22-44

944

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Murray

Licensed Embalmer No. 4011

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.