No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6422

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1992

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

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: Fairgrounds Park Lake
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5008 Pernod Ave. 9
(If rural, give location)

14 0

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

If yes, name country

3. (a) PRINT FULL NAME EARL T. GRIFFITHS

3. (b) If veteran, name war World War 2

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 8 (Day) 1928 (Year)

8. AGE: Years 19 Months 8 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Released from navy 12-21-47

11. Industry or business

FATHER
12. Name Earl Griffiths
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Mabel Schmidt
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mabel Griffiths
(b) Address 5008 Pernod Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem. Percy, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 27 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1948 hour 2:03 minute 1 P.M. seen a 1 P.M. past midnight

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation, when found in the Lake at Fairgrounds Park CAUSE AND MANNER OF SAME

Due to COULD NOT BE DETERMINED OPEN VERDICT

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) OPEN VERDICT

(b) Date of occurrence February 25, 1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Patrick E Taylor Dep Cor 3 (M.D. or other)

Address 1300 Clark Date signed 2-27-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1948

## 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 Edwin J. McDermott

Licensed Embalmer No. 3024

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.**