

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38913

State File No. _____

FILED DEC 4 1948

Registration District No. 577

Primary Registration District No. 2002

Registrar's No. 2534

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6914 Corbitt Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3: (a) PRINT FULL NAME Leander Griffin.

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 Married
6. (b) Name of husband or wife Mary L. Griffin. 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November 17, 1872.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 25 hr. min.

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

10. Usual occupation retired watchman.

11. Industry or business _____

MOTHER FATHER
12. Name Dont know. 9
13. Birthplace Dont know.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know. 1
15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L. Griffin.
(b) Address 6914 Corbitt Avenue.

17. (a) Burial (b) Date thereof 11-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 11-12-48 (b) Geo. L. Pleitsch, Inc.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6914 Corbitt Avenue. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1948 hour 8.30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June
24th, 1948, to Nov 11, 1948
that I last saw him alive on Nov. 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Coronary occlusion 1 day
Due to Chronic Bronchitis
Asthma and
Semity 4 yrs
Other conditions 94a
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. E. Brown (M. D. or other) _____
Address 6121 Easton Av. Date signed 11-12-48

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

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.