

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **42810**

Registration District No. **387**

Primary Registration District No. **6076**

Registrar's No. **3010**

**1. PLACE OF DEATH:**  
 (a) County St Louis  
 (b) City or town rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St Louis State Training School  
(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)  
 In this community 6 mos 2 days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St Louis  
 (c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** Raymond Vincent Griffin  
 3. (b) If veteran, name war No  
 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 \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 18 1943  
(Month) (Day) (Year)

**8. AGE:** Years 5 Months 10 Days 12  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 { 12. Name Herbert Griffin  
 { 13. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Cripps Griffin  
 { 15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of St Louis State Tr School  
 (b) Address Rural St Louis Co

17. (a) Burial (b) Date thereof December 31 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director E J Schmir  
 (b) Address 3125 Lafayette

19. (a) 12/31/48 (b) Thurid V Lininger M D  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec day 30  
 year 1948 hour 7 minute 08 A M.  
 21. I hereby certify that I attended the deceased from June 28  
1948 to December 30 1948  
 that I last saw him alive on Dec 29 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Progressive Encephalomyelitis infancy  
 Due to \_\_\_\_\_  
83/5  
 Due to \_\_\_\_\_

Other conditions Inanition due to pts inability to swallow  
(Include pregnancy within 8 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 Dorothy M. Ellsworth (M. D. or other) \_\_\_\_\_  
 Address St Louis State Tr School Date signed 1-18-49

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis, Mo.

Registration District No. 317

Township .....

Primary Registration District No. 6076

City .....

(No. 3010)

File No. 3030

Registered No. 1

**2. FULL NAME** Raymond Vincent Griffin

(a) Residence, No. St. Louis State Tr. School Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1943

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Herbert Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Mary Cripps Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Records of St. Louis State Tr. School

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE DEC. 31, 1948

19. UNDERTAKER (ADDRESS) E. J. Schurz 3125 Lafayette Dr.

20. FILED 12-31-48 Raymond V. Langner MD Registrar BY

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1948

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1948, to Dec. 30, 1948

I last saw him alive on Dec. 29, 1948. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

Progressive Encephalomyelitis Date of onset Infancy.

80%

Other contributory causes of importance: Inanition due to pts. inability to swallow Life.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? -  
If so, specify .....

(Signed) Dr. Raymond M. Ellersieck, M. D.  
(Address) St. Louis State Tr. School

01824-5

3195 Schuyler Ave  
21014  
General Electric Embroider