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

Do not use this space.

12755

1. PLACE OF DEATH

County..... Registration District No. 781 File No. 3291

Township..... Primary Registration District No. 1003 Registered No.

City St. Louis, Mo (No. St. Louis Children's Hospital St. Ward)

2. FULL NAME Raymond Griffith

(a) Residence. No. 1323 N. Market St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-4-27

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Lester Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Jean Brewer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT G. Fiemens
(Address) 5 N. Kingshighway

15. MAR 18 1929 H. C. Wilmert
FILED, 19.... REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-14 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-13, 1929, to 3-14, 1929 that I last saw h. alive on 3-14, 1929, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute suppurative pleurisy of left lung. 110B
110G
(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Thrombosis of pulmonary artery
(duration) yrs. mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED? Hosp
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-15-29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) G. T. Edwards, M. D
3-15, 1929 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bruedens — DATE OF BURIAL Mar 18 1929

20. UNDERTAKER Hy Leidner Und Co. — ADDRESS 1407 N. Market St.