

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

Do not use this space.

6002

1. PLACE OF DEATH

County St. Louis Registration District No. 790  
Township Central Primary Registration District No. 6033  
City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

(a) Residence, No. 1320 N. Big Bend Rd. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ann Griffin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 - 1908  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 1 22 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 101  
10. Date deceased last worked at this occupation (month and year) Feb 1932 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Mo

13. NAME Frank Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Maudie Williams

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

17. INFORMANT Anna Griffin  
(ADDRESS) 1320 N. Big Bend Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. DATE Feb. 25, 1932

19. UNDERTAKER H. E. Licklider  
(ADDRESS) 21 James Mo.

20. FILED Feb. 24, 1932 R. W. Sullivan  
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 2:15 P.M.

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

Myocardial infarction occurring on public highway  
2:09 P.M.  
2:11 P.M.  
Date of onset 2/24/32

Other contributory causes of importance: 5 2:33

Eastern School 2/24/32

Name of operation None Date of \_\_\_\_\_

Was test confirmed diagnosis Physician's report Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 2/22/32

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

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

Manner of injury Myocardial infarction & street car accident

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) John E. Hamilton, M. D.  
(Address) Lowell Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

REPRODUCED FROM BINDER

V.S. No. 2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1932

MAY 7 1963

MAY 7 1963