

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

Do not use this space.

33453

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
 Townsh. Central Primary Registration District No. 26037 Registered No. \_\_\_\_\_  
 City Clayton (No. St. Louis County Hospital) Ward \_\_\_\_\_

**2. FULL NAME**

Thomas Griffin Jr.  
 (a) Residence, No. 2521 Catherine St., \_\_\_\_\_ 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11 1921</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>11</u>	<u>10</u>	<u>11</u>	
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. _____				
	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) <u>St. Louis, Missouri</u>					
MOTHER FATHER	13. NAME <u>Thomas Griffin</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Decatur, Ill. 2</u>				
	15. MAIDEN NAME <u>Florence Mc Gee</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri 1</u>				
17. INFORMANT <u>Thomas Griffin</u> (ADDRESS) <u>2521 Catherine Ave.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Other</u> PLACE <u>Mt. Carmel Cem.</u> DATE <u>Oct 24</u> 19 <u>32</u>					
19. UNDERTAKER <u>Kriegshausler Mortuaries</u> (ADDRESS) <u>4227 W. Kingshighway Blvd</u>					
20. FILED <u>5724</u> 19 <u>32</u> <u>R. W. Sullivan</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1932

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Accidental burns of 2<sup>nd</sup> degree torso of face, neck, back, arms, hands, feet, legs, and feet. Date of onset 10/13/32

Home burned down 180

Other contributory causes of importance: \_\_\_\_\_

2<sup>nd</sup> degree burns of face, neck, back, arms, hands, feet, legs, and feet. Date of \_\_\_\_\_ 10/13/32

Name of location \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Acc. Date of injury 10/13/32  
 Where did injury occur? Cassonville, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Acc. burns

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_

(Signed) John Blumley, M. D.  
 (Address) Cassonville, Mo.

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

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.

NOV 28 1932

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10/10/10