

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

Do not use this space.

33471

1. PLACE OF DEATH

96 County St. Louis Registration District No. 770
 2 Township St. Louis Primary Registration District No. 6033
 7 City St. Louis (No. St. Louis County Hospital)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Janette Griffin
 (a) Residence, No. 8521 Catherine St., _____ Ward _____
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) April 1 - 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
5 6 7

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) St. Louis Mo. 1

MOTHER 13. NAME Thomas Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ill. 2

15. MAIDEN NAME Florence Mc Gee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

17. INFORMANT John A. Griffin
 (ADDRESS) 4819 1/2 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Carmel Ill DATE 10-10-1932

19. UNDERTAKER Kriegshauser and Co
 (ADDRESS) 4278 S. Kings Highway

20. FILED Oct 10 1932 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8-32

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on 10/7/32 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:
Accidental burns Date of onset 10/7/32
eye to nose of private
burning returned to ground, 2nd degree burns of entire body.

Other contributory causes of importance:
Physician's report

Name of operation: _____
 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 10-7-32
 Where did injury occur? Carswell, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
at 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 D. O'Connell M. D.
 (Address) Coroner of St. Louis County

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.

OCT 20 1932

