

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

Do not use this space.

42383

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 5000
City St. Louis No. 1234 Temple Pl.

File No.
Registered No. 11514
St. Ward)

2. FULL NAME

(a) Residence, No. 1234 Temple Pl. St. 6 Ward.

(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

1. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1874

7. AGE YEARS 58 MONTHS 10 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1319 Central Math

10. Date deceased last worked at this occupation (month and year) Bank (1. Total time (years) spent in this occupation 9? ?)

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

13. NAME Geo. T. Griffiths

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

15. MAIDEN NAME Mary Owen

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

17. INFORMANT (ADDRESS) Mrs. Anne Griffiths

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellspring DATE Dec 26 1932

19. UNDERTAKER (ADDRESS) Chas. S. Shurt

20. FILED DEC 26 1932 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1931, to Dec 23, 1932

I last saw him alive on Dec 23, 1932. Death is said to have occurred on the date stated above, at 11 A m.

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

acute myocarditis
93A
71A
93A
Other contributory causes of importance: Pneumonia, Anemia

Name of operation Date of
What test confirmed diagnosis? urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify

(Signed) Carl H. Wachsenfeld, M. D.
(Address) 950 Acad.

WRITE IN INK, 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.

