MISSOURI ... OF HEALTH
... STICS

Do not use this space.

1. PLACE OF DEATH

47 County Iron Registration District No. 391 No. 23001

Township Arcadia Primary Registration District No. 5546a ...stered No. 35

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Vincent Griff

(a) Residence, No. 8306 Minnesota St., ..... Ward. St. Louis, Mo.
(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) widower

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE~~ OF Marie Griff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1896

7. AGE ~~about~~ YEARS 37 MONTHS 6 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept. City of St. Louis

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation Mo.

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

FATHER

13. NAME Ferdinand Griff

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

MOTHER

15. MAIDEN NAME Elizabeth Lebrecht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Ill.

17. INFORMANT (ADDRESS) Mrs. Frances Griff 8306 Minnesota St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL Hope Cemetery

PLACE St Louis Mo DATE 7/28 1933

19. UNDERTAKER (ADDRESS) Arcadia Valley Mud Co. Ricke & Spade Ironton Mo

20. FILED July 25 1933 R. A. Rasche Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933

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 11 a. m.

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

Accidental Drowning (Lake Kilarney) 183

Date of onset

Other contributory causes of importance: 183

Name of operation ..... 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? Accident Date of injury ~~7/25~~, 1933

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? .....

If so, specify .....

(Signed) Robert Kilsey

(Address) Coroner Iron Co