

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

Do not use this space.

21782

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. _____
 Township Central Primary Registration District No. 6033^e Registered No. 198
 City Clayton (No. St. Louis County Hosp St. _____ Ward _____)

2. FULL NAME Jack P. Griffin

(a) Residence, No. 3321 Cambridge St., Ward. Maplewood, 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1909

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|----------------------------------|
| | <u>24</u> | <u>6</u> | <u>8</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police officer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Maplewood
 10. Date deceased last worked at this occupation (month and year) June 5, 1934 11. Total time (years) spent in this occupation 1 yr.

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

MOTHER FATHER
 13. NAME John P. Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany N. Y.

15. MAIDEN NAME Ida V. Dummich

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

17. INFORMANT (ADDRESS) Mrs. Ida V. Griffin 3321 Cambridge Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Salvatory Cem. DATE 6/18 1934

19. UNDERTAKER (ADDRESS) Coughan Und. Co. 7146 Manchester Ave

20. FILED 6/17 1934 John P. Griffin Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/34 19

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 9:15 am

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

Fracture of base of skull, thru sphenoid, basal hemorrhage, complete fracture of middle of left femur, maceration of soft tissue, contusion of lungs, both lower lobes, Other contributory causes of importance: hemorrhage of rt. kidney. Secondary; Lungs, both lower lobes gangrenous, pleural sack
 Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____ (Signed) Subal Turner, M. D.

(Address) 3718 Jennings, Rd Crown Point, Mo.

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

JUL 21 1934

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full of/
seropurulent fluid. Infectious traumatic pneumonia.

St Louis Co

WASHINGTON

21782

198

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jack P Griffin
Who died at St Louis Co Hosp on June 16 - 1934
Residence: No. St. (If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days
Sex m Color or race w Single, married, widowed or divorced:

Date of birth Age: Years 24 Months 6 Days 8

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Year

Birthplace (State or country)

Birthplace of father (State or country)

Birthplace of mother (State or country)

Principal cause of death: 210

Other contributory causes of importance (Over)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician Duke B Deenon

Address of physician Coroner St Louis County

Signature of Registrar Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790 Very truly yours, E.T. McGaugh

Primary Reg. Dist. No. 6033 A State Registrar

Special Agent.

Fracture base skull, thru sphenoid, basal
hemorrhage, complete fracture middle
left femur, maceration soft tissue,
contusion of lungs, both lower lobes,
hemorrhage rt kidney

Secondary, lungs both lower lobes
gangrenous pleural sack full of
seropurulent fluid. Infectious
traumatic pneumonia

Automobile and motorcycle collision.

skull

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