

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.

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

Do not use this space.

46924

1. PLACE OF DEATH *JAN 2 9 1937*  
 County.....  
 Township.....  
 City *St. Louis, Mo.* (No. *5100, Arsenal*)  
 Registration District No. *791*  
 Primary Registration District No. *1003*  
 File No. ....  
 Registered No. *12747*  
 St. .... Ward)

2. FULL NAME *Charles Griffin.*  
 (a) Residence, No. *City Infirmary* st. *Hospital* Ward. *13*  
 (Usual place of abode) *5800 Arsenal St.* (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**

**MEDICAL CERTIFICATE OF DEATH**

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 **Widower**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 25, 1936**  
 22. I HEREBY CERTIFY, That I attended deceased from **November 21, 1936** to **December 25, 1936**  
 I last saw **him** alive on **December 25, 1936**. Death is said to have occurred on the date stated above, at **10** m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 14 1854*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**1854 82 11 11**

**CHRONIC MYOCARDITIS** Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Waiter**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **X**  
 10. Date deceased last worked at this occupation (month and year) **X**  
 11. Total time (years) spent in this occupation

**CONGESTIVE HEART FAILURE**

Other contributory causes of importance: **ARTERIOSCLEROSIS, Generalized**

12. BIRTHPLACE (CITY OR TOWN) **Boston,** (STATE OR COUNTRY) **Mass.**

13. NAME **Joseph Griffin**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **No**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Norton**

23. 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.

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

17. INFORMANT **E. Molony,** (ADDRESS) **5800 Arsenal St.**

Manner of injury .....  
 Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Park Lawn* DATE *Dec 28* 19*36*

19. UNDERTAKER *William J. Bredbeck* (ADDRESS) *5600 Arsenal*

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) *E. J. Bredbeck*, M. D.  
 (Address) *5600 Arsenal*

20. **DEC 28 1936** Registrar.

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