

26 1937

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

Do not use this space.

47182

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch, Mo. (No. Koch. Hosp.)

Registration District No. 1123
Primary Registration District No. 6248B

File No. _____
Registered No. 496 Ward _____

2. FULL NAME John Griffin

(a) Residence, No. 7558 N. Broadway St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Jones Griffin</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 10, 1887</u>			
7. AGE YEARS <u>49</u>	MONTHS <u>4</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Switchman</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>		
	10. Date deceased last worked at this occupation (month and year) <u>August 1932</u>		
11. Total time (years) spent in this occupation _____			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME George Griffin

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Celia Anne Smith

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Records Dept. Koch Hosp (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Valhalla Crematory, Box 2

19. UNDERTAKER (ADDRESS) Math. Hermann & Son, 400 E. 2161 E. St. Louis

20. FILED Dec 31 1936 L. J. Moewig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Dec. 30 1936
I last saw him alive on Dec. 30 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Pulmonary Tuberculosis Date of onset 1932?

Other contributory causes of importance: Hemoptysis 1936 Dec 30

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? NO

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. J. Steiner M. D.
(Address) 2021 Koch Hospital

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.

2006-2-19-30
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RECORDS SECTION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

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