

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

32343

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4109a Gano Ave.** Registered No. **8397**
(e) Length of residence in city or town where death occurred **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ida Griffiths**

(a) Residence, No. **4109a Gano Ave.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF **John E. Griffiths**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 17, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 54 2 18

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

12. BIRTHPLACE (CITY OR TOWN) **Highland**
(STATE OR COUNTRY) **Ill.**

FATHER
13. NAME **August Stelzer**

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

MOTHER
15. MAIDEN NAME **Margaret Roniger**

16. BIRTHPLACE (CITY OR TOWN) **Highland**
(STATE OR COUNTRY) **Ill.**

17. INFORMANT **John E. Griffiths**
(ADDRESS) **4109a Gano Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Bellefontaine** DATE **Sept. 8**, 19**37**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
(ADDRESS) **2161 E. Fair Ave.**

20. FILED **SEP 7 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 3**, 19**36**, to **Sept. 4**, 19**37**.
I last saw him alive on **Sept. 4**, 19**37**. Death is said to have occurred on the date stated above, at **1 P.M.**

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

Chronic myocarditis years
Chronic Bronchitis, Dependent eyes
131
Other contributory causes of importance:
Chronic active sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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? **Yes**
If so, specify **J. L. Mander**, M. D.
(Signed) **J. L. Mander**
(Address) **3155 W. Vaudreuil**

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.

2210 89892

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed William G. Buchholz
Licensed Embalmer No. 2110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)