

REC'D NOV 16 1938

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

34231

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **ST. LOUIS**..... (d) Street No. **ST MARY'S INFIRMARY** St. Registered No. **9217**  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

(a) Residence, No. **615 MARY GRIFFIN**  
**4174<sup>a</sup> E. RIGBT AVE.** **19** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |   |  |
|---|--|---|---|--|
| 3. SEX<br><b>FEMALE</b>   | 4. COLOR OR RACE<br><b>COLORED</b>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>MARRIED</b> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <b>LOUIS GRIFFIN</b>    |  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>JAN. 1 1877</b>                              |  |   |   |  |
| 7. AGE  | YEARS  | MONTHS  | DAYS  | IF LESS THAN 1 day, .....hrs. or .....min. |
| <b>61</b>   | <b>109</b>   | <b>28</b>   | <b>28</b>                                       |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>DOMESTIC</b> |   |   |  |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.                            |   |   |  |
|   | 10. Date deceased last worked at this occupation (month and year)                                  |   | 11. Total time (years) spent in this occupation |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>COLUMBIA TENN.</b>                  |  |   |   |  |
| FATHER  | 13. NAME <b>HENRY HUNTER</b>   |   |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>COLUMBIA TENN.</b>                             |   |   |  |
| MOTHER  | 15. MAIDEN NAME <b>DELLA LEWIS</b>   |   |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>COLUMBIA TENN.</b>                             |   |   |  |
| 17. INFORMANT <b>LOUIS GRIFFIN</b><br>(ADDRESS) <b>4174<sup>a</sup> E. RIGBT AVE.</b>   |  |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <b>WASHINGTON PK.</b> DATE <b>10/25 1938</b> |  |   |   |  |
| 19. FUNERAL DIRECTOR <b>JORDON W. CHAMBERS</b><br>(ADDRESS) <b>3100 FRANKLIN AVE.</b>   |  |   |   |  |
| 20. FILED <b>OCT 24 1938</b> <b>J. J. Bredeck</b><br>Local Registrar.                   |  |   |   |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 22 1938**

22. I HEREBY CERTIFY, THAT I attended deceased from **OCT. 15 1938** to **OCT. 22 1938**.

I last saw him alive on **OCT. 22 1938**. Death is said to have occurred on the date stated above, at **2:50 P.M.**

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

Other contributory causes of importance **121**

Name of operation **appendectomy** Date of **OCT 25 1938**

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) **W. D. Young** M. D.  
(Address) **12316 Market**

I X1264  
 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.

STATEMENT BY LICENSED EMBALMER

I, Henry Goodin....., Licensed Embalmer No. 3050

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

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

Signed Henry Goodin  
Licensed Embalmer No. 3050

**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.)**