

REC'D FEB 10 1939

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

172
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..... Homer Phillips Hospital / St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 615 Calvin Griffin

(a) Residence, No. 4501 West Florrisant Avenue 9 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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) MississippiFATHER 13. NAME Henry Griffin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MississippiMOTHER 15. MAIDEN NAME Mary Poindexter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Post Office 1-5 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Lyman
4247 N. Republic Ave20. FILED 19 Jan 5 1939
J. B. Beckler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 19 3822. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 19 38, to Dec. 31, 19 38.I last saw him alive on Dec. 31, 19 38 Death is said to have occurred on the date stated above, at 4:40a m.

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

Lobar pneumoniaDate of onset
12/28/38

Other contributory causes of importance:

Name of operation clinical Date of NO
What test confirmed diagnosis? clinical Was there an autopsy? NO23. 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify H. J. Lyman, M. D.
(Signed) H. J. Lyman
(Address) 2601 N Whittier

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~by~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Henry Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 W. h abuel

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.)

If this body is not embalmed, above space should be left blank.