

**FILED MAR 12 1940**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 Days  
(Specify whether years, months or days)

8. (a) PRINT <sup>615</sup> FULL NAME Harold Griffin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Griffin 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased December 20 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>1</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace Smithton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Berg's Market

MOTHER FATHER { 12. Name Charles Griffin  
 { 13. Birthplace Smithton, Mo. Missouri  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Lelia Hotsenpiller  
 { 15. Birthplace Lexington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Griffin

(b) Address 2808 a North Sarah St.

17. (a) burial (b) Date thereof Feb. 19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Missouri

18. (a) Signature of funeral director A. Brown

(b) Address 2707 North Grand Bl.

19. (a) FEB 17 1940 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis, 11  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2808 a North Sarah St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 17,  
 year 1940 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from February 2,  
 1940 to February 17, 1940;

that I last saw him alive on February 17, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Neurouma - Ph. Lower Lobe

Due to Pyogracus # XIII

Due to Syphilis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature E. J. [Signature] (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette, Date signed 2/17/40

**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, or by.....

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

working under my personal supervision.

Signed

*Paul F. Knollenberg*

Licensed Embalmer No. *2631*

P. O. Address *2707 N Grand St*

**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.**