No. 2
4-18-40
-17-39
1 X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23666
Registrar's No. 6111

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 317 S. 21st St. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 22 (If outside city or town limits, write "RURAL")
(d) Street No. 317 S. 21st St. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter Griffin 615
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Griffin
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Abt. 1885 (Month) (Day) (Year)
8. AGE: Years Abt. 55 Months Days If less than one day hr. min.
9. Birthplace Bolton (City, town, or county) / Mississippi (State or foreign country)
10. Usual occupation Laborer
11. Industry or business W. P. A.
MOTHER FATHER
12. Name Steve Griffin
13. Birthplace Bolton (City, town, or county) / Mississippi (State or foreign country)
14. Maiden name Eliza (Unk)
15. Birthplace (City, town, or county) / Mississippi (State or foreign country)
16. (a) Informant Paul Griffin
(b) Address 317 S. 21st St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill
18. (a) Signature of funeral director M. C. Green
(b) Address 351 Belleview
19. (a) JUL 22 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1940 hour 4 minute 05 p.m.
21. I hereby certify that I attended the deceased from 7-10-40 1940 to 7-16 1940 that I last saw him alive on 7-16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death (a) Lobar Pneumonia
(b) Pen Carditis

Due to
Due to
Other conditions X (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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) X None
(b) Date of occurrence X
(c) Where did injury occur? X None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? X (Specify type of place) (e) Means of injury X
23. Signature D. V. Roberts (M. D. or other)
Address 2645 Newton Date signed 7-28-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1175

P. O. Address 3517 Lockeder

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

If this body is not embalmed, fact should be so stated above.