No. 2
-1-4-41
-17-39
X26390

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12600

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3030

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10mos. 7 days. (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. City Infirmary 9
1815 No. Taylor (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country ()

3. (a) PRINT FULL NAME JOE GRISWALD

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Early Griswald

6. (c) Age of husband or wife if alive abt 84 years

7. Birth date of deceased About 1855
(Month) (Day) (Year)

8. AGE: Years About 86 | Months | Days | If less than one day hr. min.

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

10. Usual occupation chauffeur

11. Industry or business private

FATHER
12. Name Fred Griswald
13. Birthplace Unknown (City, town, or county) Missouri () (State or foreign country)

MOTHER
14. Maiden name Jane Franklin
15. Birthplace Unknown (City, town, or county) Missouri () (State or foreign country)

16. (a) Informant Peter Todd
(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Ond. Co.

18. (a) Signature of funeral director Russell Ond. Co. 2732 Pine St
(b) Address 2732 Pine St

19. (a) 4-7-1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1941 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from 5-28-1940, 19__, to 4-3-1941, 19__;
that I last saw him alive on 4-3-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis (onset 4-2-41)	
Due to Gen. Arteriosclerosis 11-1-39x	
Due to Chronic Myocarditis 11-1-39x	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1 2 3 4 5 6
Of autopsy No.

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? (Specify type of place)
While at work? (e) Means of injury ()

23. Signature [signature] M. D. or other
Address 5400 Arsenal Date signed 4-3-41

(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.....Joel Russell.....

Licensed Embalmer No.....4112.....

P. O. Address.....

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

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