. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11954

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 680

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch O Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 160 days (Specify whether
In this community Mo - life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Novelty 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME ELDON CLETUS GRIFFITH

3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced / M.
6. (b) Name of husband or wife 24 Anna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 26 (Day) 1913 (Year)

8. AGE: Years 28 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Knox County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Melvin Griffith
13. Birthplace Shelby County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ophelia Wade
15. Birthplace Scotland (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Anna Griffith
(b) Address Novelty, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Novelty, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.
19. (a) 3-24-42 (Date received local registrar) (b) G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1942 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from Oct 14, 1941, to March 24, 1942, that I last saw him alive on March 24, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Meningitis	1 week
Due to: Chronic Pulmonary Tuberculosis	18 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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) No
(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 Herbert F. Schwartz (M. D. ~~or other~~)
Address Koch, Mo. Date signed 3-24-42

707

(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 J. Wm. Bentley

Licensed Embalmer No. 13653

P. O. Address St. Louis Mo.

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, fact should be so stated above.