S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5144

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1411

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4968 Miami St. 14
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME David Giffin

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

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

6. (b) Name of husband or wife Mary Giffin 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct (Month) 8 (Day) 1980 (Year)

8. AGE: Years 63 Months 4 Days 4 If less than one day hr. min.

9. Birthplace West Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Railway Clerk

11. Industry or business

PATHER
12. Name Ed Giffin
13. Birthplace West Viginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mc Intyre
15. Birthplace Unkown (City, town, or county) 7 (State or foreign country)

16. (a) Informant Mrs David Giffin
(b) Address 4968 Miami St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomington Illinois Mackinaw Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th year 1944 hour 1 50 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning when Deceased was found sitting on the Concrete floor of the Garage near the exhaust Pipe of his automobile on 2-13-44 at about 1 30 Pm

Due to

Due to

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 163

Of autopsy

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) Suicide

(b) Date of occurrence 2-13-44

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Fitzsimmons (M.D. or other)

Address 1300 Clark Date signed 2/14/44

(Licensed Embalmer's Statement on Reverse Side)

Mackinaw Is

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 Richard W. Stoneard

Licensed Embalmer No. 4007

P. O. Address.....

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.