

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 13 1944  
Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 3090

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

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:  
4813 N. 20th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME David E. Griffith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Griffith nee Barnes

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 14, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>18</u>	hr. _____ min.

9. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Griffith

13. Birthplace Unknown Wales  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Edwards

15. Birthplace Unknown Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Griffith

(b) Address 4813 N. 20th St.

17. (a) Burial (b) Date thereof 4/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Mat h Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) APR 2 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 99

(d) Street No. 4813 N. 20th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.  
year 1944 hour 12:45 AM 1944 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] D. or other \_\_\_\_\_  
Address 3919 W. Florence Date signed 4/1/44

---

---

**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 *Welford G Burnley*.....

Licensed Embalmer No. *4202*.....

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.**