

S. No. 2  
 UM-243  
 5-17-39  
 I X33697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12848  
 State File No. \_\_\_\_\_  
 Registrar's No. **3457**

FILED APR 20 1944  
 318  
 Registration District No. \_\_\_\_\_

1003  
 Primary Registration District No. \_\_\_\_\_

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:  
6562 Fyler Ave. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME William F. Griffiths  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Julia M. Griffiths 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased May 24th, 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 18 hr. \_\_\_\_\_ min.

9. Birthplace Neb. /  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Conductor

11. Industry or business Rail Road

12. Name David Griffiths

13. Birthplace Wales 4  
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Methany

15. Birthplace Ohio /  
 (City, town, or county) (State or foreign country)

16. (a) Informant Julia M. Griffiths

(b) Address 6562 Fyler Ave.

17. (a) Burial (b) Date thereof 4-15-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) APR 14 1944 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 73  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6562 Fyler Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 12th.  
 year 1944 hour 12.05 minute P. M.  
 21. I hereby certify that I attended the deceased from Jan. 12  
1944 to April 12 1944  
 that I last saw him alive on April 12 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Priming Anemia  
(aplastic) Duration 2 1/2 yrs  
 Due to \_\_\_\_\_  
 Due to 73  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
no  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.P. Sauer (M. D. or other)  
 Address 601 University Club Bldg. Date signed 4/14

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. A. Smithers  
Licensed Embalmer No. 3916  
P. O. Address 3710 N. Grand Bl

**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.**