

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21820

FILED JUN 22 1944

Registration District No. 760

Primary Registration District No. 5592

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Mercurianum
(c) Name of hospital or institution: Joachim
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Mercurianum 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis A. Griffith

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-12-9109

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Agnes Griffith 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 26 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Belgique no U
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Griffith
13. Birthplace Belgique no U
(City, town, or county) (State or foreign country)
14. Maiden name Josephine M. Dewitt
15. Birthplace Orinetta no. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Griffith
(b) Address Mercurianum no.

17. (a) Burial (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Memorial Park

18. (a) Signature of funeral director Festus no.
(b) Address _____

19. (a) 3-12-1944 (b) Mr. S. C. Williams
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 11, 1944,
that I last saw him alive on March 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 hrs

Due to arterio sclerosis 2 yrs

Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None
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) Means of injury _____

23. Signature Ernest Deini M.D. (or other) _____
Address Mercurianum, Mo. Date signed 3/11/44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

6-21-44

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

Eleanora Duvince

Licensed Embalmer No.

3403

P. O. Address

Testus mo

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *10*
Registrar's No. *10*

Registration District No. *160*

Primary Registration District No. *5592*

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

1. PLACE OF DEATH:

(a) County *Jefferson*

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

(c) Name of hospital or institution:
(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 *Lewis A. Griffith*

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex *M* 5. Color or race *W*

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased *Dec 26 1924*
(Month) (Day) (Year)

8. AGE: Years *61* Months *2* Days *10* If less than one day _____ min.

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

10. Usual occupation *Business*

11. Industry or business *Trucking*

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Mar* Day *19* Year *1984* M. *10*

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature *Lewis A. Griffith* (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

21820