S. No. 2
M—8-43
7. 5-17-39
P I X37023

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35252

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2102

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Vigus 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Victor Rockwell Griffin

3. (b) If veteran, name war World War 1

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased December (Month) 25 (Day) 1894 (Year)

8. AGE: Years 49 Months 9 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Curtis-Wright Corp.

FATHER
12. Name W. H. Griffin
13. Birthplace Howard County. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sara E. Blakley
15. Birthplace Howard County, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant John H. Griffin
(b) Address 616 S. 5th, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. St. Chas.

18. (a) Signature of funeral director W. H. Dallmeyer U. Co.
(b) Address 814 N. 2nd, St. Charles, Mo.

19. (a) OCT 16 1944 (Date received local registrar) (b) E. G. McGavean M.D. (Registrar's signature) Lcms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1944 hour 11:00 minute A 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 Result of being struck by a train ½ mile east of Vigus, Mo. on Rock Island

Due to Railroad tracks.

Due to Fractured skull; crushing injury of chest; perforating

Other conditions wound of abdomen.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No. 169 6 30

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) Accident. 0 96

(b) Date of occurrence Oct. 15, 1944

(c) Where did injury occur? Rock Island trks. (City or town) (County) Vigus, Mo. (State)

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

While at work? ..... (e) Means of injury 3

23. Signature H. S. Breyfogle Deputy M. Coroner

Address Clayton, Mo. 10-16-44 Date signed .....

767

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1944

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.