

FILED AUG 18 1945

STANDARD CERTIFICATE OF DEATH

State File No. 28455
Registrar's No. 1222

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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 Larry Wayne Griffith

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

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

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

7. Birth date of deceased July 29 1945
(Month) (Day) (Year)

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

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Marvin Griffith

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

14. Maiden name Ruby Copeland

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

16. (a) Informant Marvin Griffith

(b) Address 1515 LaSalle Lane

17. (a) Burial (b) Date thereof 8-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 8-16-45 (b) E. J. Moran MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 LaSalle Lane
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1945 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-29, 1945, to 8-14, 1945
that I last saw him alive on 8-14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

acidosis + electrolytic
Due to 137g

Due to Spina Bifida and meningococci

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

Major findings: Of operations none

Of autopsy not done

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 E. P. Lippeweg (M. D. or other) M.D.

Address St. Mary Hospital Date signed 8-16-45

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

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

Albert G. Kappes

Licensed Embalmer No.....

2971

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.