V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31920

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8930

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: at Main & St George St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 2
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2224 HICKORY (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Griffin
3. (b) If veteran, name war ✓
3. (c) Social Security No. 498-09-4510
4. Sex MALE
5. Color or race COL.
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 Dec (Month) 17 (Day) 1902 (Year)
8. AGE: Years 42 Months 9 Days 26 If less than one day hr. min.
9. Birthplace PARIS (City, town, or county) LA. (State or foreign country)
10. Usual occupation LABORER.
11. Industry or business
MOTHER FATHER
12. Name WM. GRIFFIN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name LILLIE SMITH
15. Birthplace BY SARA (City, town, or county) LA. (State or foreign country)
16. (a) Informant LILLIE IVORY
(b) Address 2224 HICKORY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stodard St
19. (a) OCT 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1945 hour 10:00 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 Coronary Occlusion — Duration
Due to Coronary Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 9H a
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 10-16-45

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilbiard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard St

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.