. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35326

FILED NOV 29 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10090

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: Firmin Desloge 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Berkeley City
(If outside city or town limits, write "RURAL")
(d) Street No. 4526 Carson Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Griffin, Louis Edward

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

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mildred Elizabeth Griffin

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 5 (Day) 1890 (Year)

8. AGE: Years 55 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Construction worker

11. Industry or business

FATHER
12. Name Charles E. Griffin
13. Birthplace Liberty (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Mrs. Mildred E. Griffin
(b) Address 4526 Carson Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont

19. (a) NOV 21 1945 (Date received local registrar) (b) Jos F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 ~~day 45~~ 20 year 1945 hour 4 minute 35 AM.

21. I hereby certify that I attended the deceased from 9-25-45, 19..., to 11-20, 1945; that I last saw him alive on 11-19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis — Duration: Uncertain

Due to Carcinoma of the Colon

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Colon, Carcinomatosis
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 Eugene T. Dougherty (M.D. or other) MD
Address 13 S. Grand Ave. Date signed 11-21-45

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hollywood Ave

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.