

FILED OCT 4 1947 **318**

Registration District No. **318** Primary Registration District No. **1003**

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:
2831 Norwood Ave.
(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..... **620**
 (c) City or town St. Louis **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2831 Norwood Ave. **9**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Frederick Reese Griffith
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elizabeth Griffith 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased August 27, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 0 21 hr. min.

9. Birthplace Battle Creek, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business retired

12. Name Theopolis D. Griffith

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Griffith

(b) Address 2831 Norwood Ave.

17. (a) burial (b) Date thereof 9/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 22 1947 (b) J. F. Bredeek
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 18th
 year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10, 1946 to Sept 18, 1947
 that I last saw him alive on 9-18-47 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Due to Atherosclerosis

Due to.....
 Other conditions (Include pregnancy within 3 months of death) 93

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?.....

While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature W. E. Jones (M. D. or other)
 Address 3000 Collins St Date signed 9/22/47

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

MOTHER FATHER

Dr. W. E. Jones (2-4)
Lister Bldg.

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 R. Thompson Jr*
Licensed Embalmer No. *4237*
P. O. Address *St. Louis*

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.