

FILED AUG 26 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 286.79

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES, MISSOURI</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>PORTAGE</b>		c. LENGTH OF STAY (in this place) <b>VISIT</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>SALEM ST. LOUIS</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSISSIPPI Riv. 1/2 Mi. From Anton</b>			d. STREET ADDRESS (If rural, give location) <b>1515 La Salle 2029</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>M.</b> c. (Last) <b>Griffith</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 15 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAY 13, 1937</b>		9. AGE (In years last birthday) <b>17</b>
			IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>SALEM, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>MARVIN GRIFFITH</b>		13b. MOTHER'S MAIDEN NAME <b>RUBY COLEMAN</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARVIN GRIFFITH ST. LOUIS MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Drowning</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>E 9299 +2</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Portage St. Charles Mo. 09</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I ~~certified~~ **held inquest** deceased on **Aug. 17, 1954** to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marvin Marchant Curran Westphill, M.D.</b>		23b. ADDRESS		23c. DATE SIGNED <b>Aug 17-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CEDAR GROVE CEMETERY</b>	
DATE REC'D BY LOCAL REG. <b>aug 23-1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		24d. LOCATION (City, town, or county) (State) <b>SALEM, MO.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

10.48

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SEP 17 1950

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Wm. Barkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 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.

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