FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27755

Primary Registration District No. 100's

Registrar's No. 7230

WRITE PLAINLY—USING 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: Missouri Baptist Hosp.
(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
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street R R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Andrew J. Griffin
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 Icadorah Griffin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 2, (Day) 1871 (Year)

8. AGE: Years 77 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farmer
FATHER 12. Name John L. Griffin
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Orville Griffin (son)
(b) Address 2270 Yale Ave, Maplewood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director
(b) Address 7146 Manchester Ave
19. (a) SEP 2 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day September year 1948 hour 12 minute 56 M.
21. I hereby certify that I attended the deceased from Dec 8 '44, 19 44, to Sept 1st, 1948; that I last saw him alive on Sept 1st, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	1 year
Due to Carcinoma of prostate	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy —	

PHYSICIAN

Underline the cause of 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 C. E. Binford (M. D. or other)
Address 958 Arcade Bldg. Date signed Sept 2 '48

Jefferson City Printing Co.

(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 J. Allen Davis Jr

Licensed Embalmer No. 4063

P. O. Address 54 Haven Ma

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.