WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4560

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1244

City St. Louis (No. ..... St. ..... Ward)

2. FULL NAME Kate Graves

(a) Residence. No. 3351 Morgan St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 2-1870

7. AGE: 58 YEARS, 9 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hauling
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Samuel Graves
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mucha Irving
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: Minnie Bolden
(Address) 3351 Morgan St.

15. FILED ..... 19 ..... Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan: 18 1929

17. I HEREBY CERTIFY, That I attended deceased from January 13, 1929, to Jan: 18, 1929 that I last saw him alive on Jan: 17, 1929, and that death occurred, on the date stated above, at 10 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1010

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 0

(Signed) John Paul Remours, M. D.
1/22, 1929 (Address) 3143 Franklin Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park — DATE OF BURIAL: Jan 27 1929

20. UNDERTAKER: Elmer E. Pettis — ADDRESS: 3030 Belle Ave