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.

SEP 13 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Tower Grove + Hunt Ave St. ..... Ward)

File No. 31035

Registered No. 8302

2. FULL NAME Jack Graves

(a) Residence, No. 4311 Swan Ave St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-1918

7. AGE: YEARS 16. MONTHS 3 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Ark.

FATHER

13. NAME Harvey Graves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo

MOTHER

15. MAIDEN NAME Myrtle Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Ark

17. INFORMANT (ADDRESS) Harvey Graves 4311 Swan Ave.

18. BURIAL, CREMATION, OR REMOVAL Crickett, Ark ~~Oklahoma, Ill~~ DATE 8-14- 1934

19. UNDERTAKER (ADDRESS) Faith E. Ambrustes 4234 Manchester Ave

20. FILED AUG 1 1934 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:50 m P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gunshot wound of chest, caused by bullet fired from gun in the hands of one, Max. Leistner, in front of 1505 Tower Grove Av., at 10:50 p. m. August 12th, 1934.

Other contributory causes of importance:

173

HOMICIDE.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

~~Accident, suicide, or~~ homicide? ..... Date of injury 8-12, 1934

Where did injury occur? 1505 Tower Grove (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place.

Manner of injury Gunshot wound.

Nature of injury Wound of chest.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. L. Sweeney, ~~M.D.~~

(Address) Deputy Coroner

8/14/34