

JUN 22 1936

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

Do not use this space.

24440

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **3120 New Taylor**)

File No. ....  
Registered No. **6056**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **3120 New Taylor Ave.** St. **10** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Divorced</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>the late Oscar Hall Graves</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 16, 1846</b>		
7. AGE	YEARS <b>89</b>	MONTHS <b>7</b>
	DAYS <b>26</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Contractor</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Carpenter</b>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12<sup>th</sup> 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June** ....., 19**36**, to **June 12** ....., 19**36**  
I last saw **him** alive on **June 10** ....., 19**36**. Death is said to have occurred on the date stated above, at **3 a.** m.  
The principal cause of death and related causes of importance were as follows:  
**Chronic Nephritis, Semility, Hypotension, Hyperstatic Congest. of Lungs**  
Date of onset **1/21**

Other contributory causes of importance: **Semility**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

MOTHER FATHER

13. NAME **W. J. Graves**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

15. MAIDEN NAME **Sarah Hatstead**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT (ADDRESS) **Marie M. Hasko 3120 New Taylor**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jefferson Burials** DATE **June 15** 19**36**

19. UNDERTAKER (ADDRESS) **Shost & Carroll 4600 East Broadway**

20. FILED **JUN 12 1936** **J. P. Bredeck** Registrar

Name of operation **none** Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **✓**  
Nature of injury **✓**

24. Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify .....

(Signed) **L. L. Walker M.D.** , M. D.  
(Address) **4425 West Broadway - Calfax 4144**

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.

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