

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100317068
Do not use this space.

Registered No. 4929

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Missouri. (d) Street No. 3743 Cote Brilliante St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Del Ray Graves

- (a) Residence, No. 3743 Cote Brilliante St. 11 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 22, 1936</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>8</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Ray Cox Graves
14. BIRTHPLACE (CITY OR TOWN) Elsberry,
(STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Pearl Dorn
16. BIRTHPLACE (CITY OR TOWN) Modoc,
(STATE OR COUNTRY) Illinois.

17. INFORMANT Mrs. Pearl Graves
(ADDRESS) 3743 Cote Brilliante

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE May 28, 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid

20. FILED MAY 28 1938
J. F. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938

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 7.20AM
The principal cause of death and related causes of importance were as follows:

Solenic Anemia;
Broncho-pneumonia.

Date of onset

Other contributory causes of importance:

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....., 19.....
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..... see above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Joseph M. Zilinski
(Signed) Joseph M. Zilinski
(Address) Superintendent

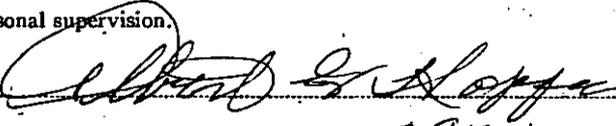
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 

Licensed Embalmer No. 2971

P. O. Address _____

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, above space should be left blank.