

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

REC'D NOV 16 1938

34046
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis..... (d) Street No. BARNES HOSPITAL..... 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 Howard Graham

(a) Residence, No. 5975 1/2 Highland..... St. **6**..... (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Furniture Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Hullaway & Trimmer
 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) Ireland 5

FATHER 13. NAME Samuel Graham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Annabelle Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Mrs. Annis Graham
5975 1/2 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Glennwood Park Cem. DATE October 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitich, Inc.
5966-68 Easton Ave.

20. FILED **OCT 17 1938** J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-19-1938, to 10-14-1938

I last saw him alive on 10-14-1938. Death is said to have occurred on the date stated above, at 4:23 a. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Esophagus
Terminal Urinary Infection

Date of onset

Other contributory causes of importance:

Name of operation Eastern Mediastinotomy Date of 10-6-38

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.....

Nature of injury.....

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

If so, specify.....

(Signed) Arthur Sellen....., M. D.

(Address) BARNES HOSPITAL

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.

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, 3454

David C. Gibson

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern Ave

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.