

REC'D MAR 13 1939

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

5172
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No.
(b) Township Primary Registration District No. Registered No. **1865**
(c) City St. Louis (d) Street No. Enroute to City Hospital #1 St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

6.57 Ioretta Graham
(a) Residence, No. 2517 N. 22nd. St. St. 20 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Jan. 4th. 1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Frank Graham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Harry Lee Kincer
2517 N. 22nd. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2-27-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co.
3710 N. Grand Blvd

20. FILED FEB 27 1939 J. B. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-39, 1939
22. I HEREBY CERTIFY That I attended deceased from Feb 22, 1939, to Feb 26, 1939
I last saw her Feb 26, 1939 Death is said to have occurred on the date stated above, at 1.40 P.M.
The principal cause of death and related causes of importance were as follows:

chronic nephritis Date of onset 3
131
Other contributory causes of importance: General toxemia 3
caused by chr. nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify
(Signed) H. G. Moore D.
(Address) 1004 So

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.

H. J. Morris
1000 S. 18th St
2-5

STATEMENT BY LICENSED EMBALMER

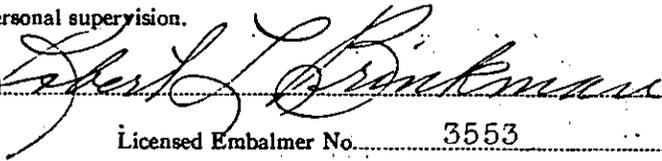
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert L. Brinkman

, or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3553

P. O. Address 3710 E. Grand Blvd

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.