

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

35499  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Mo. Registration District No. 35  
 (b) Township St. Louis Primary Registration District No. 1007 Registered No. 1156  
 (c) City St. Louis (d) Street No. St. Hospital # 2 St. St. Louis  
 (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. 2 mos. 6 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. St. Louis Hospital # 2 St.  Kans. City, Kans.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia (Hughes)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1890  
 7. AGE YEARS 49 MONTHS 3 DAYS 26 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. insurance salesman  
 9. Industry or business in which work was done, as saw mill, bank, etc. 7  
 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) Kans. - Kan.

FATHER 13. NAME Moses Graves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Anna Burnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Mrs. Jas. A. Graves, 1608 22 St (ADDRESS) K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 10/9 1939

19. FUNERAL DIRECTOR (NAME) Watkins Bros. (ADDRESS) 1729 Lydia Ave.

20. FILED 11/9 1939 AG Health Dept. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1939, to Nov. 8 1939  
 I last saw him live on Nov. 8 1939 Death is said to have occurred on the date stated above, at 5:00 m.  
 The principal cause of death and related causes of importance were as follows:

syphilitic meningitis Date of onset Jan. 1/39  
encephalitis

Other contributory causes of importance: 34  
broncho pneumonia 1%  
hypostatic

Name of operation none Date of .....  
 What test confirmed diagnosis? chemical Was there an autopsy? no

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) J. P. Bell, M. D.  
 (Address) St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

504-9-19-38 I X16803

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.

NOV 20 1939

MAY 29 1944

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**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..... *Isaac Jerome Manley* .....  
Licensed Embalmer No..... *3994* .....  
P. O. Address..... *1729 Lydia 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.**