

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 11 X1511

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 1930 DEC 13 1939 791
 Registration District No. 791 Primary Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 State File No. 38045
 Registrar's No. 9884

1. PLACE OF DEATH: 1008 2
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: _____
4319 Randall Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 9
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4319 Randall Pl.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Frances Ann Graham 65
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Robert Graham 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 27th, 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 21 hr. _____ min.

9. Birthplace Canada
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John Moore
 18. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Pringle
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frances Graham
 (b) Address 4319 Randall Place

17. (a) Burial (b) Date thereof 11/21/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Drehmann Harral
 (b) Address 1905 Union Blvd.

19. NOV 20 1939 (b) _____
 (Date received local registrar) (Signature of Registrar)

20. DATE OF DEATH: Month Nov. day 18th
 year 1939 hour 6 minute A M.
 21. I hereby certify that I attended the deceased from Oct 15
 _____, 1939, to Nov. 6, 1939;
 that I last saw her alive on Nov. 5, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

 Due to _____
 Due to _____
 Other conditions Senile Arteriosclerosis
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

 While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature H. A. Whelan M. D. or other _____
 Address 1511 E Grand St Date signed 11/20/39

(Licensed Embalmer's Statement on Reverse Side)

1511 E Grand
9-10

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 Warren A. Carver
Licensed Embalmer No. 3534
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.