

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9138  
Registrar's No. 2621

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: 8 N. Grand Blvd.  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 yrs. years, months or days)

8. (a) PRINT FULL NAME Henry P. Graham  
8. (b) If veteran, name war Spanish-American 8. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lucinda Graham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 28 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 2 20 hr. min.

9. Birthplace De Soto Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed  
11. Industry or business Laborer

MOTHER FATHER  
12. Name Matt Graham  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Shed A. Lutner  
(b) Address 4462 Wilcox ave.

17. (a) Burial (b) Date thereof March 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.S.L.C.  
(b) Address 7814 S. Broadway

19. (a) MAR 20 1940 (b) J. F. Bueckel  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 N. Grand Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March 19 day 1940  
year 1940 hour 6 minute 15 p. M.  
21. I hereby certify that I attended the deceased from 12/28 1959 to 3/19 1940;  
that I last saw him alive on 3/19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_  
Due to Ischemic  
Due to "  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
23. Signature W. R. Goryell (M. D. or other) \_\_\_\_\_  
Address 1141 Pers. Date signed 3/22

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.

102.211

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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 *Linus C. Hoffmeister*  
Licensed Embalmer No. *3871*  
P. O. Address *7814 S Broadway*

**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.**