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FILED SEP 3 1940 FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29665

Registration District No. 784 Primary Registration District No. 41 Registrar's No. 1617

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rich Hgts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County - - - -

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5616 Enright Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT L. GRAHAM

3. (b) If veteran, name war World War

3. (c) Social Security No. 488-09-7296

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Virginia

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 29, 1898 (Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Moving picture operator

11. Industry or business

FATHER
12. Name Robert L. Graham
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Missouri Ann Fowler
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant William C. Graham

(b) Address 316 Vine St., Chattanooga, Tenn.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Harrigan Sheahan

(b) Address 4415 Washington Blvd.

19. (a) AUG 26 1940 (Date received by registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th year 1940 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to Aug. 24, 1940 that I last saw him alive on Aug. 23rd, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia - acute	7 days
Due to Sub acute Nephritis Brights Disease	6 Months
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James H. Cummings (M. D. or other) M.D.

Address 444 N. Euclid Date signed 8/24/40

(Licensed Embalmer's Statement on Reverse Side)

444 2. Euclid

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.