

Registration District No. 7941

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 13 days  
(Specify whether years, months or days)  
 In this community 15 years

3. (a) PRINT FULL NAME William Graves

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Graves 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 6, 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name William Graves

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Graves

(b) Address 1231 N. 10th St.,

17. (a) burial (b) Date thereof 1-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Odom-Parker-Ward

18. (a) Signature of funeral director Greenwood Cem.  
 (b) Address 2720 Dickson Ave

19. (a) JAN 20 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1231 N. 10th St.,  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th  
 year 1941 hour 10 minute 50am M.

21. I hereby certify that I attended the deceased from Jan., 1, 1941, 19  , to Jan., 14, 1941,

that I last saw him alive on Jan., 14, 1941, 19  , and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver Duration 8 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions As Above  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy As Above

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) (c) Means of injury \_\_\_\_\_

23. Signature J. W. Johnson (M. D. or other) \_\_\_\_\_  
 Address 2801 N Whittier Date signed \_\_\_\_\_

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

**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.....

*C. R. Howell*

Licensed Embalmer No. \_\_\_\_\_

*2482*

P. O. Address.....

*2870 Quaker*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**