DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5396

FILED MAR 25 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1644

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Glencoe NR (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Nancy Ellen McGraw

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 Married

6. (b) Name of husband or wife Lee J. M. McGraw

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov (Month) 14th (Day) 1898 (Year)

8. AGE: Years 42 Months 3 Days 6 If less than one day hr. min.

9. Birthplace New Port (City, town, or county) / Arkansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert L. Robinson

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

14. Maiden name Cornelia Jennings

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

16. (a) Informant Lee McGraw.

(b) Address Glencoe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Allentown Mo.

18. (a) Signature of funeral director Schrader Bros.

(b) Address Ballwin Mo.

19. (a) FEB 20 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1941 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from Feb 13, 1941, to Feb 18, 1941 that I last saw her alive on Feb 19, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Hepatitis	2 months
Due to Stricture of Common Bile duct Benign	4 M
Due to Infection of Biliary Tract due to cholecystitis	
Other conditions No stones (Include pregnancy within 3 months of death)	
Major findings: Of operations Stricture of Common bile duct. Hepatitis	
Of autopsy None	

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 John D. Haymond (Haymond) (M. D. or other)

Address Metropolitan Bldg. Stl. Date signed 2/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Neil Paulson

Licensed Embalmer No. 4113

P. O. Address.....

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

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