

FILED DEC 1 1941

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 2345

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
 (If outside city or town limits, write "RURAL" and name of township)
6270 Cates Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Unknown / _____ years, months or days

3. (a) PRINT FULL NAME Edward Graham
 3. (b) If veteran, name war No
 3. (c) Social Security No. Unknown
490-18-8784
 5. Color or race Col
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Lillie Graham
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased abt 1896
 (Month) (Day) (Year)

8. AGE: Years abt 45 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown
 { 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown 4
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillie Graham

(b) Address 4581a Cote Brillante

17. (a) Burial (b) Date thereof 11/25/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclède Ave

19. (a) 11-24-41 (b) R. M. C. Green
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 096
 (c) City or town University City 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6270 Cates Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
 year 1941 hour 6:10 minute P. M.
 I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound at hands of Fred Jenkins. Duration _____

Due to Gun shot wound of the brain; Fractured skull.

Due to _____

Other conditions 164c
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes.

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) Homicide 124

(b) Date of occurrence Nov. 15, 1941 121

(c) Where did injury occur? 6270 Cates, Univ. City
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? OWN home

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

23. Signatur Louis H. Poybriener (M.D. or other)

Address Kirkwood, Mo. 11/21/41 Date signed _____

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

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.

8 SEP 27 1948

DEC 29 1941

APR 17 1947

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

A. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 S. Colorado Ave

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.