No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39948

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9656

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: Enroute City Hospital (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 1734 Washington (If outside city or town limits, write "RURAL")

(d) Street No. Milner Hotel - 18th. & Washington (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Andrew Graves

3. (b) If veteran, name war

3. (c) Social Security No. 358-01-1099

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug. (Month) 2 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	2	hr. min.

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

10. Usual occupation Oil Broker

11. Industry or business

FATHER
12. Name Thomas Graves
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Helen Fearn
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Thomas Graves

(b) Address Yazoo, Miss.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Yazoo, Miss.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 5 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1941 hour 7 minute 15 P. M.

21. 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 Coronary Sclerosis; Arteriosclerosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Alfred Ferry (M. D. or other)

Address Newport Corona Date signed 12/5/41

(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.....

Licensed Embalmer No. 2771

P. O. Address.....

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

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