

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

Rev. 5-17-39 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.

FILED MAY 25 1942 Registration District No. 787

Primary Registration District No. 101

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Clayton (c) Name of hospital or institution St. Louis County Hospital (d) Length of stay: In hospital or institution 1 month 2 days

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (b) County St. Louis (c) City or town Wellston (d) Street No. 6720 Roberts (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME James Graves (b) If veteran, name war unknown (c) Social Security No. 489-16-7439

20. DATE OF DEATH: Month May day 18 year 1942 hour 9 minute 15 p. M.

4. Sex male (a) Color or race white (b) Name of husband or wife Mayme Graves (c) Age of husband or wife if alive 56 years (d) Birth date of deceased Aug. 18 1891

21. I hereby certify that I attended the deceased from 4-16-42 to 5-18-42 that I last saw him alive on 5-18-42 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 9 Days 0 If less than one day hr. min.

Immediate cause of death Carcinoma of Ca of left breast Duration 1 1/2 yrs.

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

Other conditions 45% (Include pregnancy within 3 months of death)

10. Usual occupation carpenter

Major findings: Of operations Ca of left breast & lung metastases Of autopsy Underline the cause to which death should be charged statistically.

11. Industry or business unknown (MOTHER FATHER) 12. Name Jake Graves 13. Birthplace unknown Miss. (City, town, or county) (State or foreign country)

14. Maiden name Florence Persons 15. Birthplace unknown Miss. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mamie Graves (b) Address 6727 Roberts Ave.

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?

17. (a) Burial (b) Date thereof May 21 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director National Cemetery (b) Address 5466 E. 1st St. St. Louis

19. (a) MAY 19 1942 (Date received local registrar) (b) J. M. Danforth (Registrar's signature)

23. Signature J. Barton (M. D. or other) Address C. Hoop Date signed

MAY 26 1968

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 3454
David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St

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.

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