

S. No. 2
M-9-4-41
v. 5-17-39
P-I X29484

22786

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6221
Registrar's No.

Filed AUG 6 1942

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County None
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6101 Southwest Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community About 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County None
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6101 Southwest Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME HEENAN MORTON GRAHAM
(b) If veteran, name war None
(c) Social Security No. 498-09-1942

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
year 1942 hour 12 minute 01 A.M.
21. I hereby certify that I attended the deceased from 7/18/42 to 7/23/42, 1942
that I last saw him alive on 7/18/42 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Blanch B. Graham
(c) Age of husband or wife if alive 46 years
7. Birth date of deceased: January 18, 1864
(Month) (Day) (Year)

Immediate cause of death:
E. coli 4 days
Duration

8. AGE: Years Months Days If less than one day
78 6 3 hr. min.

Due to Cancer (?)
Had chills, fever, diarrhoea ad-
Due to viral hepatitis, but he saw
another doctor (from his employer)
Other conditions:
(Include pregnancy within 3 months of death)
Had coronary occlusion in 1940.

9. Birthplace Washington county, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business Public Service Co.
12. Name John C. Graham
13. Birthplace Unknown / Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Glore
15. Birthplace Washington County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Blanche B. Graham
(b) Address 6101 Southwest Avenue
17. (a) Burial (b) Date thereof 7/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Ev. Ch.
18. (a) Signature of funeral director C. J. Mueller & Co.
(b) Address 6464 Chippewa Street
19. (a) JUL 22 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 J. F. Bredeck (M. D. or other) _____
Address Number 2 Bldg Date signed 7/20/42

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.....

Edwin A. Leisinger

Licensed Embalmer No. *4029*

P. O. Address *6464 Chippewa*

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, fact should be so stated above.