S. No. 2
M—5-42
r. 5-17-39
I X32073

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25867

SEP 10 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7305

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: ST JOHNS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YR - 5 DAYS (Specify whether years, months or days) In this community 58 YRS.

2. USUAL RESIDENCE OF DEACESED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")
(d) Street No. 168 PARSONS AVE (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

96. 7 NB

3. (a) PRINT FULL NAME LILIAN GRAVES
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JULY - 1 - 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 29 If less than one day — hr. — min.

9. Birthplace SPRINGFIELD MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation TEACHER
11. Industry or business RETIRED - MARY INSTUTE
FATHER 12. Name WARREN HENRY GRAVES
FATHER 13. Birthplace UNKNOWN IOWA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name SARAH C. EDWARDS
MOTHER 15. Birthplace MURPHYSBOROUGH TENNESSEE (City, town, or county) (State or foreign country)
16. (a) Informant Adelina A. Beggers
(b) Address 168 Parsons ave Webster Groves
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-1-1942 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO.
19. (a) SEP 1 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1942 hour 10 minute 08 P.M.
21. I hereby certify that I attended the deceased from Aug 1941, to Aug 1942, that I last saw he alive on August 30 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 1 yr
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations —
Of autopsy —

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 W. Creighton (M. D. or other) M.D.
Address 3720 Washington Blvd. St Louis Mo. Date signed 8/31/42

844 (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 .....

..... OR Registered Apprentice No. .....,

working under my personal supervision.

Signed G. G. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.