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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28160

Primary Registration District No. 200

Registrar's No. 1783

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 5/20/42 (Specify whether years, months or days)

In this community: Since 5/20/42

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 16

(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No.: 438 N. Spanish Street
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: William M. GRAHAM

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 489-12-8502

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Agnes

6. (c) Age of ~~husband or~~ wife if alive: 34 years

7. Birth date of deceased: November (Month) 5, (Day) 1900 (Year)

8. AGE: Years 41 Months 9 Days 18 If less than one day hr. min.

9. Birthplace: Elizabethtown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Mechanic

11. Industry or business: Own Business

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: M. Schelleg
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Aug 24 42 (Month) (Day) (Year)
(c) Place: burial or cremation: CAPE GIRARDEAU, Mo

18. (a) Signature of funeral director: C. Hoffmann & Co.
(b) Address: 7814 S. BROADWAY

19. (a) AUG 24 1942 (Date received local registrar) (b) E. G. McHaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd, year 1942 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from May 20, 1942, to August 23, 1942 that I last saw him alive on August 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage, pulmonary.	4 days
Due to: Pulmonary abscess, left upper lobe.	4 months
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): NO
(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: Means of injury:

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed 8/24/42

(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 Edw. H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Kipling

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.