

S. No. 2
M-5-42
5-17-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28763

State File No.

FILED OCT 1 1943 18

Primary Registration District No. 1003

Registrar's No. 7793

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:
5209 Grace St. /
(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 **Mo.** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **97**
(d) Street No. **5040 Thrush Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Sarah Jane Graham**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **David J. Graham** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Jan. 1 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 16 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Edward Jones**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Phillips**

15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Shortland**

(b) Address **5040 Thrush Ave.**

17. (a) **Burial** (b) Date thereof **9-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **SEP 19 1943** **J. F. Biedeck**
(Date received local registrar?) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17**
year **1942** hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **1935**
19..... to **Sept 17** 19**42**
that I last saw h. **or** alive on **Sept 10** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Chronic myocarditis 10 years

Due to.....
general hypertensive Don't know

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?..... (c) Means of injury.....

23. Signature **R R Menown** (M. D. or other) **M.D.**
Address **5330 Graldisse** signed **9/18/42**

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

MOTHER FATHER

5330 Bensline
8-9-1-2

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 Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address _____

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.