

FILED JAN 19 1948

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Registration District No. Primary Registration District No. 1005 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital #1
(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 Missouri (b) County 000
12
9 25

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1317 North 14th Street.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nina Maude Graham

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-07-0858

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1943 hour 6:20 minute P M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harry Graham

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 29, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

61 3 5 _____ hr. _____ min.

Immediate cause of death _____

Coronary Sclerosis
Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Garment Worker

11. Industry or business Rhodes Garment Company

12. Name George A. Fuller

13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Martha Munson

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant George Pearl Pulver

(b) Address 719 W. Melrose, Chicago, Ill

17. (a) Removal (b) Date thereof 1/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galesburg, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) 1/11/43 (b) J. F. Bredeck
(Date received local registry) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thomas F. Callahan (or other) _____
Deputy Coroner Date signed 1-6-43

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

MOTHER FATHER

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..... *Wilford G. Burnley*
Licensed Embalmer No. *4202*
P. O. Address..... *St. Louis, Mo.*

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.