. S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943 8

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 11003

State File No. 4235

Registrar's No. 1834

1. PLACE OF DEATH:

(a) County

(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:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 18

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4 So. Compton
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Eugene Graves

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Senolar Graves

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased — (Month) — (Day) 1888 (Year)

8. AGE: Years 54 Months ~~2~~ Days ~~39~~ If less than one day hr. min.

9. Birthplace Irvinville (City, town, or county) Mo. D (State or foreign country)

10. Usual occupation Labor

11. Industry or business

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

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

16. (a) Informant Savanna Hayes
(b) Address 4 S. Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros.
(b) Address 3404 Finney

19. (a) FEB 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1943 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from January 22, 1943, to February 18, 1943; that I last saw him alive on February 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
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 S. E. Smith O (M. D. or other)
Address 2601 Whittier Date signed 2/20/43

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.