

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

FILED MAR 30 1943

318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.,

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

(c) Name of hospital or institution:
St. John's Hospital
(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

3. (a) PRINT FULL NAME Mc Kinley Graham

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

3. (c) Social Security No. _____

4. Sex male

5. Color or race W

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

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

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

7. Birth date of deceased July 11th 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>8</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation U.S. Govt. Employee

11. Industry or business _____

MOTHER FATHER

12. Name Harding Graham

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

14. Maiden name Ellen (unknown)

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

16. (a) Informant Mrs. Ava Graham-wife

(b) Address 741a Aubert Ave.,

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 No. Euclid

19. (a) MAR 21 1943 (Date received local registrar)

J. P. Madach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 741a Aubert Ave., (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 12
1943 to March 20 1943
that I last saw him alive on March 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Deкомпensation 1 wk
for

Due to Hypertension 3

Due to A.P.C.

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

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 John U King M.D. (M.D. or other)

Address 307 S. Euclid Ave Date signed 3/20/43

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 Albert Mayfield

Licensed Embalmer No. 3077

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.