

FILED JUN 19 1943 318

Registration District No. _____ Primary Registration District No. 1003

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

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:
1422 Dodier Street., /
(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 Henry Edward Graham

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Almeda Belle Graham 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 19 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 24 hr. _____ min.

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

10. Usual occupation Retired Rail-road laborer

11. Industry or business _____

12. Name Lafayette Graham

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

14. Maiden name Martha Williams

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

16. (a) Informant T. E. Graham

(b) Address Lutesville, Missouri

17. (a) Burial (b) Date thereof 6/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) JUN 14 1943 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Lutesville (If outside city or town limits, write "RURAL") N.R.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-2-43
_____ 19____ to 6-13-43 19____;
that I last saw him alive on 6-13-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration don't know

Due to _____
Due to _____

Other conditions none
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Walter H. Spelman (M. D. or other) _____
Address 1506 St. Louis Date signed 6-14-43

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..... *Nancy M. Brammer*

Licensed Embalmer No..... *4200*

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.