

State File No.

Registrar's No.

NOV 18 1943

318

Registration District No.

Primary Registration District No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 MOS. 6 days
(Specify whether
In this community 25 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 21
(If outside city or town limits, write "RURAL") 000
(d) Street No. 2829A Stoddard 17
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____ ?

3. (a) PRINT FULL NAME Robert Graham

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 25 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 10 If less than one day hr. _____ min.

9. Birthplace Enterprise Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation N.I.

11. Industry or business _____

MOTHER { 12. Name Robert Graham Sr.
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Horn
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Ida B. Thompson

(b) Address 2829A Stoddard St

17. (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) NOV 9 1943 (b) J. J. Bredek
(Date received at local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4,
year 1943 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from July 29, 1943 to November 4, 1943
that I last saw him alive on November 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Ulcer of right leg 6 mos.
Could not know Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 153.2 PHYSICIAN

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 J. J. Bredek (M. D. or other) _____
Address 2801 W. 1st St. Date signed 11/5/43

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 myself

Lonnie Baykin, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Baykin

Licensed Embalmer No. 2946

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.