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FILED JUN 19 1944  
Registration District No. 518

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 5202

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
EnRoute City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 44 Years 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 318 Jonnson St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

had  
22/9

3. (a) PRINT FULL NAME THOMAS JOSEPH GRAHAM

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 19th 1888  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Freight Trucker

12. Name George Graham

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

14. Maiden name Fannie Chalen

15. Birthplace Jefferson Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Richard Graham  
(b) Address 926 Woodsdale Ave. Toledo, O.

17. (a) Burial (b) Date thereof 6/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUN 7 1944 (b) J. F. Bradech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1944 hour 3 minute 00 P.M.

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.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

*Pyonephrosis, Nephralthrosis, Anuria Hypertrophy*

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James J. F. [illegible] (Physician or other) \_\_\_\_\_  
Address 1305 [illegible] Date signed 6/7/44

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 *L R Cooper*.....

Licensed Embalmer No. *3653*.....

P. O. Address *2317 Lafayette*.....

**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.**