

FILED NOV 10 1944

State File No.

9230

Registration District No.

318

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital,  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Hazel Esther Graves  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mont Graves  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 3 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 5 24 hr. min.

9. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Luther Linn  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Walls  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mont Graves

(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof 10-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Missouri

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

(b) Address 4700 Washington Blvd.

19. (a) Oct 2 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 E. Logan St.  
(If rural, give location) NR  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1944 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 10 1944 to Oct 27 1944;  
that I last saw her alive on Oct 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to heukaemia, acute monocytic 3 month

Due to 74

Other conditions Mild hypertensive  
(Include pregnancy within 3 months of death)  
C-V disease (mild), Secondary Anaemia

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy heukaemic infiltration of many organs Bronchopneumonia

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 5

23. Signature F. R. Bradley (M. D. or other) MD  
Address Barnes Hospital Date signed 10/27/44

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

1179

366

0826  
9230

0826  
9230

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**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 G. Hoppe*  
Licensed Embalmer No. *2971*  
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.**