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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35912

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10134

1829

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

1. PLACE OF DEATH:

(a) County
(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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 5415 Beacon Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM GRAHAM.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex 0 Male

5. Color or race W

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

6. (b) Name of husband or wife Julia Smith Graham

6. (c) Age of husband or wife if alive 57 years.

7. Birth date of deceased 12/12/1883 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 15 If less than one day hr. min.

9. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Produce Broker

11. Industry or business

MOTHER FATHER

12. Name John Graham

13. Birthplace Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth DeCharles

15. Birthplace Kans City Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Graham

(b) Address 5415 Beacon ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem Sullivan Bro's

18. (a) Signature of funeral director Sullivan Mrs 2849 N. Euclid ave.

(b) Address Calvary Cem

19. (a) NOV 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th year 1944 hour 12 minute 1948 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19... and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma of Lower Pole of right Kidney with Cerebral hemorrhage probably thereafter, when spring slipped

Due to a sack of potatoes which he was using to hold the sack open and

Due to [illegible] in the right side at the ware house 415 N 2nd St

Other conditions about 10:00 AM November 26 1944

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy

Duration

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) accident

(b) Date of occurrence Nov 6 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry (Specify type of place)

While at work? yes (e) Means of injury as above

23. Signature Alfred Gerry (M. D. or other)

Address Cape Girardeau Date signed 11/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Brinkman

Licensed Embalmer No. 3503

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.