. S. No. 2
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ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21963

FILED JUL 20 1945

Registration District No. 348 Primary Registration District No. 1003 Registrar's No. 5845

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: 1521 Papin st (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 17 22 (If outside city or town limits, write "RURAL")

(d) Street No. 1521 Papin st 9 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Montel Graves

3. (b) If veteran, name war none

3. (c) Social Security No. 494-09-5388

4. Sex M 2

5. Color or race Col

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

6. (b) Name of husband or wife Hattie Graves

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May (Month) 27 (Day) 1886 (Year)

8. AGE: Years 59 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Willis Graves
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Rena Smith
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Frank Scoby
(b) Address 4644 Leduc st

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof July 7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director J W Hughes
(b) Address 2620 Lawton blvd

19. (a) JUL 6 (Date received local registrar) (b) 1945 J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1945 hour 12:55 minute A M.

21. I hereby certify that I attended the deceased from Feb, 1945, to July 1, 1945 that I last saw him alive on July 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Cardiovascular disease	6 mos
Due to Chr Glomerulo Nephritis	3 mos
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 4069 Easton Date signed 7/2/45

(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.....Clark Young.....

Licensed Embalmer No.....3371.....

P. O. Address.....St. Louis.....

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.