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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 7477

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1783

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: 4232 W. Garfield Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 6 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 4232 W. Garfiled (If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME ARDELIA GRAHAM

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 2

5. Color or race col.

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

6. (b) Name of husband or wife CHARLIE GRAHAM

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Nov. (Month) 22, (Day) 1902 (Year)

8. AGE: Years 43 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace CLARENDON, ARK. (City, town, or county) / (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant LAWRENCE GRAHAM

(b) Address 4232 W. Garfield Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Allen Davies

(b) Address 3506 Franklin Ave.

19. (a) FEB 23 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1946 hour 8 minute 10 A.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 Uterine Hemorrhage, Hypernephroma, Pulmonary Tb

Due to of uterus

Due to 56

Other conditions (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) _____

(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 Patrick E. Taylor (M. D. or other)

Address _____ Date signed 2-22-46

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ Theodore T Yandell, ~~Registered Apprentice~~ No., working under my personal supervision.

Signed Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N Elm Ave Winston Salem N

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.