S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14387

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 935

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4/2/46 (Specify whether years, months or days)
In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5004 Raymond Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME McGRAW, Haddon A.
3. (b) If veteran, name war World II
3. (c) Social Security No. 426322102
4. Sex Male
5. Color or race White
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 April (Month) 23 (Day) 1924 (Year)
8. AGE: Years 22 Months 0 Days 2 If less than one day hr. min.
9. Birthplace Centreville, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Karl McGraw
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy Netterville
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Centreville, Mississippi
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S.Broadway St.Louis,Mo.
19. (a) 4-27-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour 5:30 minute A M.
21. I hereby certify that I attended the deceased from 4/2/46, 19__, to 4/25/46, 19__; that I last saw him alive on April 25, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TUBERCULOSIS, CHRONIC ACTIVE, FAR ADVANCED; BRONCHO-PLEURAL FISTULA	UNK
Due to 130	
Due to	
Other conditions PNEUMOTHORAX, SPONTANEOUS, LEFT (Include pregnancy within 3 months of death)	UNK

Major findings: Of operations No Operation
Of autopsy No 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) No
(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 L. E. Stilwell, M.D. (M. D. or other)
Address Vet.Adm.Hosp.Jeff.Brks., Mo. Date signed 4/25/46

(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 L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.