

3. No. 2
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5-17-39
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State File No. 34625
Registrar's No. 3089

FILED OCT 28 1946

Registration District No. 377 Primary Registration District No. 2063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Mo.
(c) Name of hospital or institution: St. Louis Co. Hosp. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Alenton
(d) Street No. 2nd & Brown St.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME William McGraw
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 20
year 1946 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to Oct. 20 1946
that I last saw him alive on Oct. 20 1946
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Kathryn McGraw
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 10 1863
(Month) (Day) (Year)

Immediate cause of death Pneumonia, lobar Duration 2 wks
left lower
Due to 106
Due to _____

8. AGE: Years Months Days If less than one day
83 8 10 hr. min.

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
and menia
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation LABORER (RETIRED)
11. Industry or business GENERAL DAY LABOR
12. Name James McGraw
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Spivey
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. FANNIE OTIS
(b) Address Alenton, Mo.
17. (a) BURIAL (b) Date thereof OCT 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEM. PACIFIC, MO.
18. (a) Signature of funeral director SCHRADER FUNERAL HOME
(b) Address BALLWIN, MO.
19. (a) 10-22-46 (b) Robert H. Hull
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Robert H. Hull (M. D. or other) M.D.
Address St. Louis County Hosp. Date signed 10-20-46

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

MOTHER FATHER

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 Thos. Schrader

Licensed Embalmer No. 3066

P. O. Address: Baltimore, Md.

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.