S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34769

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3442

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 12
(If outside city or town limits, write "RURAL")
(d) Street No. 10829-Oak Avenue 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Ralph E. Graham

3. (b) If veteran, name war None

3. (c) Social Security No. 497-01-3834

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Minnie B

6. (c) Age of husband or wife if alive 5X years

7. Birth date of deceased Oct (Month) 11 (Day) 1884 (Year)

8. AGE: Years 62 Months 0 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace West Freedom (City, town, or county) Penna. 1 (State or foreign country)

10. Usual occupation Brick Burner

11. Industry or business Alton Brick Co.

FATHER
12. Name Thomas J. Graham
13. Birthplace West Freedom (City, town, or county) Penna. 1 (State or foreign country)

MOTHER
14. Maiden name Sadie Graham
15. Birthplace West Freedom (City, town, or county) Penna. 1 (State or foreign country)

16. (a) Informant Eva K. Graham
(b) Address Creve Coeur, Mo. R# 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Bauman / Fother Mo
(b) Address 2504 Woodson Rd-Overland, Mo

19. (a) 10-25-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1946 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 10, 1946 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.

Immediate cause of death Chronic myocarditis

Due to Hypertension 93d

Due to .....

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 C H Denny (M. D. or other)
Address Creve Coeur Mo Date signed 10-22-46

(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 Harold F. Brown

Licensed Embalmer No. 4337

P. O. Address Overland

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.