

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29075

FILED AUG 21 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7587

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2109 Biddle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 40 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2109 Biddle 9
21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY GRAHAM

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race Cal
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethraim Graham
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Mar 14 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 21
If less than one day hr. min.

9. Birthplace Pine Bluff Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Hayward
13. Birthplace Not known Ark 1
(City, town, or county) (State or foreign country)
14. Maiden name Emma Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ethraim Graham
(b) Address 2109 Biddle

17. (a) Burial (b) Date thereof 8-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Park

18. (a) Signature of funeral director J.P. Richardson

(b) Address 2625 Bluff

19. (a) AUG 11 1947 J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5
year 47 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Crown Thrombosis

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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) Means of injury 3
23. Signature Patrick E. Taylor (M.D. or other) Rep Car
Address 1300 Clark Date signed 8-8-47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 AD Richardson
Licensed Embalmer No. 2928
P. O. Address CT

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.