. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32553

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8379

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 St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community
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. 1906 Papin St 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kateree Graves

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Charlie Graves

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased October (Month) 24 (Day) 1923 (Year)

8. AGE:

Years	Months	Days	If less than one day
23	10	7	hr. min.

9. Birthplace Edwards, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hishel Thomas
13. Birthplace Unknown, Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alta Thompson
15. Birthplace Unknown, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Graves
(b) Address 1906 Papin Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) SEP 3 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st year 1947 hour 8 minute 15 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 Pulmonary Atelectasis Paralysis of Respiratory Center

Due to Control Pregnancy at term

Due to Spinal Anesthesia

Other conditions 15-8
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195

Of autopsy 40

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0-50

(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 3

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Avenue ? Date signed 9-3-47

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

Jefferson City Printing Co. (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 Thomas J. Gates, Registered Apprentice No. ____, working under my personal supervision.

Signed Thos J Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.