

FILED FEB 20 1948 **318**

Registration District No. _____ Primary Registration District No. **1003**

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. Louis City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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
(If outside city or town limits, write "RURAL") 17

(d) Street No. 10 3509 Kossuth Ave.
(If rural, give location) 9
0

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Lonzo Graves

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1948 hour _____ minute 0 M.

21. I hereby certify that I attended the deceased from _____
19____, to _____, 19____

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 11 1872
(Month) (Day) (Year)

that I last saw h _____ on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
when down fall to bed
big the toilet on March 1948
about 10:00 P.M.

8. AGE: Years 76 Months 0 Days 21 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

11. Industry or business _____

12. Name Charles L. Graves

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amandy Laves

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Jan 2 1948

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, or _____ industrial place in public place? _____
(Specify type of place)

16. (a) Informant Leonard Graves

(b) Address 4920 Magnolia Ave.

17. (a) Burial (b) Date thereof 2-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 5 1948 (b) J. J. Bressek
(Date received local registrar) (Registrar's signature)

23. Signature Patrick E. ...
Address ... Date signed 5/48

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

MOTHER FATHER

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

John S. Penneby

Licensed Embalmer No. 4194

P. O. Address _____

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.