No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 597

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 23777

Registrar's No. 451

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Hall Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St. Louis
(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William Corbett Graves
3. (b) If veteran, name war: Nil
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 10 (Month) 18 (Day) 1900 (Year)
8. AGE: Years 47 Months 3 Days 27 If less than one day hr. min.
9. Birthplace: Missouri (City, town, or county) O (State or foreign country)
10. Usual occupation: tool grinder
11. Industry or business:
FATHER 12. Name: John Graves
13. Birthplace: Missouri (City, town, or county) O (State or foreign country)
MOTHER 14. Maiden name: Emma Wilmore
15. Birthplace: Missouri (City, town, or county) O (State or foreign country)
16. (a) Informant: Pearl Eshman
(b) Address: 401 E. Maryland Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fredericktown, Mo.
18. (a) Signature of funeral director: A. W. McLaughlin
(b) Address: 2301 Lafayette St. Louis
19. (a) 2-18-48 (Date received local registrar) (b) Carl C. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 8:12 minute 40 P.M.
21. I hereby certify that I attended the deceased from 4-17-1937, to 2-14-1948; that I last saw him alive on 2-14-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary Tuberculosis	12 years
Due to:	
Due to: 13	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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):
(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: O
23. Signature: John T. Hatch M.D. (M. D. or other)
Address: Robert Hall Hospital Date signed 2/14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 25 1948

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 C W Cooper

Licensed Embalmer No. B 5 30

P. O. Address 2301 Lafayette Ave

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.