FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20900

Registrar's No. 5918

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. Anthony Hospital
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5456 Murdock Ave. 0
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANCIS M. GRAVES

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug. (Month) 20 (Day) 1898 (Year)

8. AGE: Years 49 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Optician

11. Industry or business Alois Winterer Optical Co.

FATHER
12. Name Henry M. Graves
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Johanna Braun
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Marie Graves
(b) Address 5456 Murdock Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 2 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1948 hour 11:47 minute P.M.

21. I hereby certify that I attended the deceased from 5/18/48, 19, to 7-1-48, 19;
that I last saw him alive on 7-1-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis ??	2 days
Due to Carcinoma of Colon with Possible Metastases	3 mo
Due to and fecal fistula	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Colon.
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

23. Signature [signature] M.D. (M. D. or other)
Address 5417 So Grand Blvd Date signed 7-2-48

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 _____

_____ Registered Apprentice No. _____

working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

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.