

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1948

318

Primary Registration District No.

1003

Registrar's No. 6161

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.....
 Father Dempsey's Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 40 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Garfield H Graham

3. (b) If veteran, name war..... 3. (c) Social Security No. 491-14-5967

4. Sex..... M O 5. Color or race..... W
 6. (a) Single, widowed, married, divorced..... M
 6. (b) Name of husband or wife..... May 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... May 26, 1882
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 13 If less than one day
 hr. min.

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

10. Usual occupation..... Iron worker

11. Industry or business.....

MOTHER FATHER
 12. Name..... Unknown
 13. Birthplace..... Canada
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown
 15. Birthplace..... Canada
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Donald Graham

(b) Address..... 4002a NO. 22nd St.

17. (a) Cremation..... (b) Date thereof..... 7/12/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Missouri Crematory

18. (a) Signature of funeral director..... J. J. Ziegenhein & Sons

(b) Address..... 7027 Gravois

19. (a) JUL 12 1948 (b) J. F. Bedeck
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4002a North 22nd St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July 9th
 1948 year..... hour..... 8 minute..... 30 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..... Chronic Myocarditis.
 Duration.....

Due to.....
 Due to.....

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.....
 23. Signature..... Date.....

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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7027 Grand

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.