

No. 300  
10.48

FILED MAR 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6885

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>206 E. Kirkham</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>Graham</b> c. (Last) <b>Graham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 18 1949</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>1-11-1896</b>	9. AGE (In years last birthday) <b>53</b>	10. MONTHS <b>1</b>	11. DAYS <b>7</b>	12. IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Crittenden Co. Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George Graham</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Crayton</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>378 204902</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>St. Louis County Hospital Records</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema - acute</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Acute Congestive Heart Failure</b>			
		DUE TO (c) <b>Hypertension Cardiovascular Disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>5:22 X</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>93d</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-17**, 19 **49**, to **2-17**, 1949, that I last saw the deceased alive on **2-18**, 19 **49**, and that death occurred at **1:15am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edmont P. Hulse M.D.</b> (Degree or title)		23b. ADDRESS <b>St. Louis County Hospital</b>		23c. DATE SIGNED <b>2/18/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETARY</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>		DATE REC'D BY LOCAL REG. <b>2-19-49</b>		REGISTRAR'S SIGNATURE <b>J.V. Leming M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley E. Lewis</b>		ADDRESS <b>22 Enchil Ave Wg.</b>			

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

DEC 27 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. P. Chaves*

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.