

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35887**  
Registrar's No. **4145**

FILED OCT 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

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. CITY (If outside corporate limits, write RURAL and give town) <b>Olivette</b>		c. LENGTH OF STAY (In this place) <b>9 Months</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonhomme Restorium, Mo.</b>		10. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
		d. STREET ADDRESS (If rural, give location) <b>4475 West Pine Blv'd.,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>PINKNEY</b>	c. (Last) <b>GRAHAM.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 12, 1949.</b>
-------------------------------------	--------------------------	----------------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 24, 1863.</b>	9. AGE (In years last birthday) <b>86.</b>	IF UNDER 1 YEAR Months <b>6.</b> Days <b>18.</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President of Graham Lumber Company.</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Fredericktown, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Elijah Lee Graham.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Whitner.</b>	14. NAME OF HUSBAND OR WIFE <b>Cora N. Graham.</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Jos. P. Graham.</b>	ADDRESS <b>4475 West Pine Blv'd.,</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, bronchio</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>years</b> <b>4300</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE (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) _____	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 **Oct 3, 1949,** to **Oct 12, 1949,** that I last saw the deceased alive on **Oct 12, 1949,** and that death occurred at **8:50 A.M.,** from the causes and on the date stated above.

23a. SIGNATURE <b>Sam F. Dean</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington Street</b>	23c. DATE SIGNED <b>10/12/49</b>
-----------------------------------	-------------------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10/14/1949</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>Fredericktown, Missouri.</b>
---	-----------------------------	--	---

25. FUNERAL DIRECTOR'S SIGNATURE <b>G.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blv'd.,</b>
--	------------------------------------

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

Dr. Slim F. Beam,  
3720 Washington Blvd.,  
JE: 3426. DE: 9100  
Res: 52 Middlesex Dr., WY: 0638.  
2 to 5 P.M.

**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.

Signed  \_\_\_\_\_  
*William J. Perry*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_  
*401*

P. O. Address \_\_\_\_\_  
*St. Louis, Mo*

**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.