

FILED OCT 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. **31799**

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8146**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Sedgewickville	0090
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) Star Route	

3. NAME OF DECEASED (Type or Print) WILMA		b. (Middle)	c. (Last) McGraw	4. DATE OF DEATH (Month) (Day) (Year) 9-26-50				
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-26-34	9. AGE (In years last birthday) 16	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Virgil McGraw		13b. MOTHER'S MAIDEN NAME Muriel Hanners		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. G. Long 2816 Arlington	

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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		ANTECEDENT CAUSES			24 hrs.	
DUE TO (b) Serum hepatitis		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			2 days	
DUE TO (c) 3rd degree burns (45% body surface)					4 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION June 8, 1950 (1st)		19b. MAJOR FINDINGS OF OPERATION Granulating wounds of both legs & arms.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Sedgewickville 009 Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 1950 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pt. throwing person on fire. 8:41 PM

22. I hereby certify that I attended the deceased from **6-3-50**, 19**50**, to **Sept. 26, 1950**, that I last saw the deceased alive on **Sept. 26, 1950**, and that death occurred at **3:55 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Sherwin, M.D.		23b. ADDRESS 1325 S. Grand		23c. DATE SIGNED 9-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-27-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Jackson Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 1104 Manchester Ave. St. Louis 10, Mo.	
DATE REC'D BY LOCAL REG. SEP 27 1950		REGISTRAR'S SIGNATURE [Signature]			

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Law M. Simon

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4343

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.